

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # P92000014678 (6)

1. Corporation Name

COMAC FT. MYERS, INC.



Principal Place of Business

1645 PALM BEACH LAKES BLVD.
SUITE 420
WEST PALM BEACH FL 33401-2216
US

Mailing Address

1645 PALM BEACH LAKES BLVD.
SUITE 420
WEST PALM BEACH FL 33401-2216
US

2. Principal Place of Business

2a. Mailing Address

21 3300 PGA BLVD

26 3300 PGA BLVD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

STE 620

STE 620

23 City & State
PALM BEACH GARDENS FL

28 City & State
PALM BEACH GARDENS FL

24 Zip Country
33410-2811 USA

29 Zip Country
33410-2811 USA

3. Date Incorporated or Qualified
12/24/1992

3a. Date of Last Report
04/06/1995

4. FEI Number

65-0382644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWIE, PETER V
1645 PALM BCH. LKS. BLVD.
STE. 420
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3300 PGA BLVD STE 620

83

84 City
PALM BEACH GARDENS FL

85 Zip Code
33410-2811

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTRD ☐ DELETE
NAME COWIE, PETER V
STREET ADDRESS 1645 PALM BCH. LKS. BLVD. STE. 420
CITY-ST-ZIP W. PALM BEACH FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3300 PGA BLVD STE 620
PALM BEACH GARDENS FL 33410-2811

TITLE VSD ☐ DELETE
NAME MCINTOSH, ROBERT A
STREET ADDRESS 1645 PALM BCH. LKS. BLVD., STE. 420
CITY-ST-ZIP W. PALM BCH. FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3300 PGA BLVD STE 620
PALM BEACH GARDENS FL 33410-2811

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)