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Mar 21 1997 8:00 am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000014678 (6)

1. Corporation Name

COMAC FT. MYERS, INC.



Principal Place of Business

3300 PGA BLVD
620
PALM BCH GDNS FL 33410-811
US

Mailing Address

3300 PGA BLVD
620
PALM BCH GDNS FL 33410-2811
US

3. Date Incorporated or Qualified
12/24/1992

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33410-2811

29 33410-2811

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COWIE, PETER V
3300 PGA BLVD SUITE 620
~~STE 420~~
PALM BCH GDNS FL 33410-2811

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3300 PGA BLVD

84 SUITE 620

City

FL

85

Zip Code

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 of person to be named as registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTRD	☐ DELETE
NAME	COWIE, PETER V	
STREET ADDRESS	3300 PGA BLVD SUITE 620	
CITY-ST-ZIP	PALM BCH GDNS FL 11	
TITLE	VSD	☐ DELETE
NAME	MCINTOSH, ROBERT A	
STREET ADDRESS	3300 PGA BLVD SUITE 620	
CITY-ST-ZIP	PALM BCH GDNS FL 11	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	PALM BCH GDNS FL 33410
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	PALM BCH GDNS FL 33410
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

R.A. McIntosh

4/5/97

(SUI) 775-7393

Daytime Phone #

0304443

CR2E034 (9/96)