

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 19 1996 8:00 am  
Secretary of State

DOCUMENT # P93000034382 (0)

1. Corporation Name

COMAC POMPAÑO, INC.



Principal Place of Business

1645 PALM BEACH LAKES BLVD.  
STE. 420  
WEST PALM BEACH FL 33401

Mailing Address

1645 PALM BEACH LAKES BLVD.  
STE. 420  
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified  
05/10/1993

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

2. Principal Place of Business

21 3300 PGA BLVD

Suite, Apt. #, etc.

22 STE 620

City & State

23 PALM BEACH GARDENS FL

Zip

24 33410-2811 25 USA

2a. Mailing Address

26 3300 PGA BLVD

Suite, Apt. #, etc.

27 STE 620

City & State

28 PALM BEACH GARDENS FL

Zip

29 33410-2811 30 USA

4. FEI Number

65-0415648

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

MCINTOSH, ROBERT A  
1645 PALM BCH. LAKES 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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 3300 PGA BLVD STE 620  
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2811 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 3300 PGA BLVD STE 620  
2.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2811 ☐ Change ☐ Addition

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 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

4/15/96 407-775-7393  
Date Daytime Phone #

CR2E034 (12/95)