## 02181999-90023-006-\$150.00-\$150.00 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550:00-

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000042476 COM AG, INC.

## Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90023 006 \*\*\*150.00

	•				(8))
Principal P	lace of Business	Mailing Address		<u>-</u>	FAIL OIDEL IOSIN OILI IOSI
103 S. 4TH ST. 0X 225  103 S. 4TH ST.  BOX 225					
TENNEPIN IL 61327 HENNEPIN IL 61327				DO NOT WRITE IN THIS SPACE	
				3. Dale Incorporated or Qualified	
Principal Place of Business     2a. Mailing Address				06/15/1993	r
7			4. FEI Number	Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0423347	Not Applicable	
27 30ne, Apr. #, etc.				3.75 Additional	
City & State City & State		······	<del></del>	Fee Required	
28				5.00 May Be —	
Zip Country Zip			Country		Idded to Fees
25 29		29	30	8. This corporation owes the current year intengible	
	9. Name and Address of Curi	rent Registered Agent		Personal Property Tax. You 10. Name and Address of New Registered Agent	
a.m	LED MATTHEW O		61 Name		·
MILLER, MATTHEW S					
12305 1ST ST.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
#3 Fort Myers FL 33905			83	Part Hard Says in hard to the and the state of the	1 200 1 12 200 1 1 1 1 1 1 1 1 1 1 1 1 1
ro	ni MIERO PL 33900		<u> </u>	<u>。                                    </u>	
<u>.                                    </u>			84 City	E 85	Zìp Code
i. Pursuar	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statul	es, the above-named o	prporation submits this statement for the purpose of changation's board of directors. I hereby accept the appointment	
agent. I	am familiar with, and accept the obli-	e of Florida. Such change was a detions of, Section 607.0505, Fig.	uthorized by the corpor	stion's board of directors. I hereby accept the appointment	as registered
GNATURE					. [
	Signature, typed or printed name of registered e		: Registered Agent signature req	ared when reinstating). (25°C) DATE	
-	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
VE	P	DELETE	1.1 TIFLE	MERCO (DIMICITAL TOTAL	
WE	BUMGARNER, JAMES M	•	1.2 NAME	MICCOR, WITH HOUS	
EET ADORESS	THE DE THE OF BOX 220		1.3 STREET ADDRESS	12305 157 ST #3	
Y-57-ZIP	HENNEPIN, IL.		1.4 CITY-ST-ZIP	FORT MIKE FL 3391	26.
Œ	1	☐ DELETE	2.1 TITLE	□ Ch	ange Addition
ME			2.2 NAME		:
REET ADDRESS	1		2.3 STREET ADDRESS		•
Y-ST-ZIP		<u> </u>	2.4 CITY-ST-ZIP		
E		☐ DELETE	3.1 TITLE	□ Cha	Inge Addition
Æ	İ		3.2 NAME		
EET ADDRESS			3.3 STREET ADDRESS		} -
/-ST-ZIP			3.4. CITY-ST-ZIP		<b>排門抽場</b>
E "		☐ DELETE	4.1 TITLE	The season of th	DOD THE Addition
E ,			4 2 NAME		
EȚ ADORESS			43 STREET ADDRESS		1
-ST-ZIP			44 CITY-ST-ZIP		l l
į		() DELETE	5.1 TITLE	☐ Chai	nge Addition
t			5.2 NAME	and the second s	iða ⊟ vogition i
EET ADDRESS			5.3 STREET ADDRESS	Sign of States	
-ST-ZIP	<u> </u>				
1			6.4 CITY-ST-ZIP	S 3 S 200 T	
		□ DELETE	6.4 CITY- ST-ZIP 6.1 TITLE	3 3 C 200 C	
. ]		☐ DELETE		Chan	:

6.3 STREET ADDRESS

64 CITY-ST-ZIP

· 1985年第二日 1886年 
I 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 one attachment with an address, with all other like empowered.

-ST-ZIP