

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

DOCUMENT # P93000050589 (9)

1. Corporation Name

COMAC SANFORD, INC.



Principal Place of Business

**1645 PALM BEACH LAKES BLVD
SUITE 420
WEST PALM BEACH FL 33401**

Mailing Address

**1645 PALM BEACH LAKES BLVD
SUITE 420
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified
07/15/1993

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

2. Principal Place of Business
21 **3300 PGA BLVD**

2a. Mailing Address
26 **3300 PGA BLVD**

4. FEI Number
65-0428582

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **STE 620**

Suite, Apt. #, etc.
27 **STE 620**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **PALM BEACH GARDENS FL**

City & State
28 **PALM BEACH GARDENS FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
24 **33410-2811** 25 **USA**

Zip Country
29 **33410-2811** 30 **USA**

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 BEACH LAKES BLVD
SUITE 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 ☐ DELETE
NAME **PRO COWIE, PETER V**
STREET ADDRESS **1645 PALM BCH. LAKES BLVD., STE. 420**
CITY-ST-ZIP **W. PALM BCH. FL**

TITLE ☐ DELETE
NAME **VST MCINTOSH, ROBERT A**
STREET ADDRESS **1645 PALM BEACH LAKES BLVD STE 420**
CITY-ST-ZIP **WEST PALM BEACH 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**

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

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

4/17/96

407-775-7323

CR2E034 (12/95)