

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 # P93000074655 (0)

1. Corporation Name

COMAC BONITA, 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

3. Date Incorporated or Qualified
10/27/1993

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
65-0447165

Applied For
Not Applicable

22 Suite, Apt. #, etc.
STE 620

27 Suite, Apt. #, etc.
STE 620

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

23 City & State
PALM BEACH GARDENS FL

28 City & State
PALM BEACH GARDENS FL

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

24 Zip Code
33410

25 Country
USA

29 Zip Code
33410

30 Country
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

MCINSTOSH, ROBERT A
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

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
NAME PD
MCINTOSH, ROBERT A
STREET ADDRESS 16745 PALM BCH. LKS BLVD., STE. 420
CITY-ST-ZIP W. PALM BCH. FL ☐ DELETE

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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)