

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90012 017 ***150.00

DOCUMENT # P94000026252

1. Corporation Name

COMO INSURANCE SERVICES, INC.



Principal Place of Business

522 PINELLAS BAY WAY
STE 102
TIERRA VERDE FL 33715
US

Mailing Address

522 PINELLAS BAY WAY
STE 102
TIERRA VERDE FL 33715
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

2. Principal Place of Business

21 6294 BAHIA DEL MAR CIR

2a. Mailing Address

26 6294 BAHIA DEL MAR CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 401

27 401

City & State

23 Saint Petersburg

City & State

28 Saint Petersburg

Zip

24 33715

Country

25 Pinellas

Zip

29 33715

Country

30 Pinellas

4. FEI Number

59-3236197

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SENSALE, JACK
522 PINELLAS-BAY WAY
STE #102
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name

Jack Sensale

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

6294 BAHIA DEL MAR CIR

83

Suite 401

84

City Saint Petersburg

FL

85 Zip Code

33715

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

Jack Sensale Pres (Jack Sensale)

1-9-99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DPS
SENSALE, JACK
522 PINELLAS BAY WAY #102
TIERRA VERDE FL 33715

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6294 BAHIA DEL MAR CIR Suite 401
Saint Petersburg FL 33715

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Addition

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Sensale Pres (Jack Sensale)

1-999

7278667566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)