

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

02-23-1999 90012 017 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P94000026252

1. Corporation Name  
 COMO INSURANCE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
 03/29/1994

2. Principal Place of Business  
 21 6294 BAHIA DEL MAR CIRCU  
 Suite, Apt. #, etc.  
 22 401

2a. Mailing Address  
 26 6294 BAHIA DEL MAR CIRCU  
 Suite, Apt. #, etc.  
 27 401

4. FEI Number  
 59-3236197

Applied For  
 Not Applicable

23 City & State  
 Saint Petersburg

28 City & State  
 Saint Petersburg

24 Zip  
 33715

25 Country  
 Pinellas

29 Zip  
 33715

30 Country  
 Pinellas

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 CIRCU

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  
 [Signature] Pres (Jack Sensale)

1-9-99

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	SENSALE, JACK	
STREET ADDRESS	522 PINELLAS BAY WAY #102	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6294 BAHIA DEL MAR CIRCU Suite 401
1.4 CITY-ST-ZIP	Saint Petersburg FL 33715
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: [Signature] PRES (Jack Sensale) 1-999 7278667566

CR2E034 (11/98)