

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 # **P94000058362 (2)**

1. Corporation Name

COMAC, INC.



Principal Place of Business

Mailing Address

~~544 N. SPOONBILL DR~~
~~#1~~
~~SARASOTA FL 34236~~
~~US~~

46 N. WASHINGTON BLVD.
1
SARASOTA FL 34236

2. Principal Place of Business

2a. Mailing Address

21 1858 Ringling Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27

City & State

23 Sarasota, FL

28

City & State

Zip Country

Zip

24 34236

25 Sarasota

29

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/05/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

APPLIED FOR 65-0576441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
1
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 (last name, first name, initial)

(Typed) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PST	ESSERS, JOACHIM	AUGUST-LAMMLE-WEG 76	71229 LEONBERG GE	<input type="checkbox"/>
VP	ESSERS, BARBARA	AUGUST-LAMMLE-WEG 76	71229 LEONBERG GE	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
Joachim Essers, President

4-22, 96

(941)-365 4617

CR2E034 (12/95)