SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000062281 (8)**

1. Corporation Name
COMEAU BUILDING, INC.

Principal Place of Business	Mailing Address
200 E. ROBINSON ST., SUITE 900 ORLANDO FL 32801	200 E. ROBINSON ST., SUITE 900 ORLANDO FL 32801

3. Date Incorporated or Qualified: 08/24/1994
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21 1035 S. Semoran Blvd.
Suite, Apt. #, etc.
22 Suite 1007
City & State
23 Winter Park, FL
Zip 24 32792 Country 25 US

2a. Mailing Address
26 1035 S. Semoran Blvd.
Suite, Apt. #, etc.
27 Suite 1007
City & State
28 Winter Park, FL
Zip 29 32792 Country 30 US

4. FEI Number: 59-3270151 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.
390 N. ORANGE AVENUE
SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Heistand, James R.
82 Street Address (P.O. Box Number is Not Acceptable): 1035 S. Semoran Blvd.,
83 Suite 1007
84 City: Winter Park, FL 85 Zip Code: 32792

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: James R. Heistand, President DATE: 8-5-96
Signature required of person named as registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEISTAND, JAMES R 200 E. ROBINSON ST., SUITE 900 ORLANDO FL 32801	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE OLAZARRA, ALLEN C 1800 ELLER DRIVE, SUITE 500 FORT LAUDERDALE FL 33316	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Heistand, James R. 1035 S. Semoran Blvd., Suite 1007 Winter Park, FL 32792	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S,T deOlazarra, Allen C. 3900 Wood Ave. Coconut Grove, FL 33133	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Heistand, Pres. 8-5-96 (407) 673-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012095 - CP