## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # P9400087632 (3)

Corporation Name

Principal Place of Business

CHOICE COMFORT CORP.

4172 BSTH ST N. ST PETERSBURG FL 33709		ST PETERSBURG FL 33709		
			<ol> <li>Date incorporated or Qualified 11/28/1994</li> </ol>	te of Last Report <b>)7/25/1995</b>
2	Principal Place of Business	2a, Mailing Address	4. FEI Number	 Applied For
21		26	59-3282725	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apl. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
_	City & State	City & State	6. Election Campaign Financing	 <b>\$5.00</b> May Be

iređ ау Ве Trust Fund Contribution Added to Fees 23 Country Ζφ Country B. This corporation has liability for intangible tax under s. 199.032, Zio Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 GERSHUNY, MOSHE Street Address (P.O. Box Number is Not Acceptable) 82 4172 85TH ST N. 83 ST PETERSBURG FL 33709

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

64 City

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
THILE	DELETE	1 17016	☐ Change	ncitibbA 🔲
NAME (	GERSHUNY, MOSHE	1.2 NAME		
STREET ADDRESS	4172 85TH ST N.	1 3 STREET ADDRESS		
CITY-SI-ZIP	ST PETERSBURG FL 33709	1.4 C(TY - \$1 - Z(P)		
TITLE	☐ DELETE	2 1 TITLE	☐ Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		24 CITY ST ZIP		
TITLE	□ DELETE	3 1 TITLE	Change	Addit or
NAME		3.2 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY - ST - ZIP		3.4 CHY-ST-ZIP		
TITLE	☐ DEFELE	4 1 TITLE	☐ Change	Add tion
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-21P		4.4 CITY - S3 - ZiP		
TITLE	DELETE	5 1 TITLE	☐ Change	Additio
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - S1 - ZIP		5 4 CITY - ST - ZIP		
TITLE	☐ DELETE	6 1 TITLE	☐ Change	Addition Addition
NAME		6 2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 composition 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 OF PRINTER HAVE OF SIGNING OFFICER OR DIRECT

4-23-96

(813) 345-6855 Daytine Prone #

Zip Code

85