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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026095 (6)

COMEDICORP.

Principal Place of Business Mailing Address 20801 BISCAYNE BLVD. 20801 BISCAYNE BLVD. SUITE 304 Suite 304 **AVENTURA FL 33180 AVENTURA FL 33180-1422** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/31/1995 03/06/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0571028 Not Applicable Suite Apr. # rdc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 33180-1422 Florida Statutes Yes No 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SASLAW, GARY R 20801 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 304 83 **AVENTURA FL 33180** 84 City Zip Code 33180-1422 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 (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DOLLETE Change TITLE 1.1 THLE PREMER, HOWARD NAM: 1.2 NAME 13499 BISCAYNE BLVD, SUITE 1 STREET ADDRESS 1.3 STREET ADDRESS N MIAMI FL 33181 CHY-ST ZIP 1.4 CHY-ST-ZIP DELETE **K** Change Addition TILLE VSTD 2.1 HH E SASLAW, GARY R NAME 2.2 NAME 20801 BISCAYNE BLVD. SUITE 304 STREET ADDRESS 2.3 STREET ADDRESS Aventura, Florida 33180-1422 **AVENTURA FL 33180** 6-17-51-7P 2 4 CITY-S1 - ZIP DELETE Change Addition TITLE 3.1 HILE NAME 3.2 NAME 3.3 STREET ACORESS STREET ADDRESSS 3.4. C(1Y-S1-Z<sub>1</sub>P) DELETE Change Addition 4.1 THLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-S1-ZIP City - ST- 7P **300002065823** -01/23/97--01017--034 DELETE Addition Trile 5.1 HIGE NAME 5.2 NAME \*\*\*165.00 5.3 STREET ADDRESS STREET ADDRESS OTr - S -- 219 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TO LE NAME 6.2 NAME STEEL LADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

14. I do hereby certify that the information per information indicated on this annual/or 17. I am an officer or director of the corps of ampears in Block 12 or Block 13 iff 12 officer

Vice President

ied, or on an attachment with an address.

1/10/97

by the divithith's filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

305-682-0200

**FILED** 

Jan 22 1997 8:00am

Secretary of State

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