**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000028551

1. Corporation Name

LAW OFFICES OF COMITER, P.A.

Principal Place of Business				Mailing Address				I 1981/881 tim iðrar mitir amin eðiri denn egtra denn hann innar minst minst minst men cant	
3712 WEST HILLSBORO BLVD DEERFIELD BEACH FL 33442-9411 US				3712 WEST HILLSBORO BLVD DEERFIELD BEACH FL 33442-9411 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  04/06/1995	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21 , Frincipal Flace of Busiless				26				65-0568886 Not Applicable	
Suite, Apt. #, etc.			F	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State			27.	City & State				6 Election Compaign Financing \$5.00 May Be	
23			28	¬ ´				Trust Fund Contribution Added to Fees	
Zip	Country			Zip Country				8. This corporation owes the current year Intangible	
24	2:	5	29		30			Personal Property Tax. ☐ Yes ☒ No	
	9. Name a	nd Address of Current	Regis	stered Agent .				10. Name and Address of New Registered Agent	
001						81	Name		
COMITER, LLOYD						82	Street Add	Address (P.O. Box Number is Not Acceptable)	
3712 WEST HILLSBORO BLVD								:	
DEERFIELD BEACH FL 33442									
							4 City FL 85 Zip Code		
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								on's board of directors. I hereby accept the appointment as registered	
	Signature, typed or	printed name of registered agent					t signature require		
12.	C per ere		13		1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition			
TITLE	PVST COMITED LLOYD A		C. OELLIE	L.) DELETE 1.1 TITLE			· · · · · · · · · · · · · · · · · · ·		
NAME	001111111111111111111111111111111111111						ADDRESS		
STREET ADDRESS	01.12.1.1.1.20001.0.0001				1.4 CIT				
CITY-ST-ZIP	DEERFIELD BEACH FL D			☐ DELETE			1-2IF	☐ Change ☐ Addition	
NAME	COMITER, LLOYD A			_		2.2 NAME			
STREET ADDRESS		LSBORO BLVD					ADDRESS		
CITY-ST-ZIP			2.4	CITY-S	T-ZIP	or at the control of			
TITLE	☐ DELETE		3.1	3.1 TITLE		Change Addition			
NAME					3.2	NAME			
STREET ADDRESS					3.3	STREET	ADDRESS		
CITY-ST-ZIP					3.4.	CITY-S	T-ZIP		
TITLE				☐ DELETE	4.1	TITLE	•	☐ Change ☐ Addition	
NAME					4. 2	NAME		j.	
STREET ADDRESS					4.3	STREET	ADDRESS		
CITY-ST-ZIP						CITY-ST	T-ZIP		
TITLE				☐ DELETE		TITLE		☐ Change ☐ Addition	
NAME						NAME	TADODECC	1	
STREET ADDRESS				5.3 STREET ADDR 5.4 CITY- ST- ZIP					
CITY-ST-ZIP					5,4	UIIT-S	1-212		

CITY-ST-ZIP 34 1 150%) A 12 12 12 13 13 13 14 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 法统合规则是 等于简

TITLE

NAME

DELETE

Change

☐ Addition

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90046 007 \*\*\*150.00