

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000073022 (2)

1. Corporation Name  
**THE COMFORT ZONE LTD. INC.**



Principal Place of Business: 3108 DEL PRADO BLVD., SUITE 3, CAPE CORAL FL 33904  
Mailing Address: 3108 DEL PRADO BLVD., SUITE 3, CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 09/20/1995  
3a. Date of Last Report

2. Principal Place of Business  
21 *The Comfort Zone Ltd. Inc*  
Suite, Apt. #, etc.  
22 *1102 SW 40 Terrace*  
City & State  
23 *Cape Coral*  
Zip  
24 *33914*  
Country  
25 *USA*  
2a. Mailing Address  
26 *The Comfort Zone Ltd Inc*  
Suite, Apt. #, etc.  
27 *1102 SW 40 Terrace*  
City & State  
28 *Cape Coral, FL*  
Zip  
29 *33914*  
Country  
30 *USA*

4. FEI Number: 65-0606482  
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  
KLUNDER, KATHY  
3108 DEL PRADO BLVD., SUITE 3  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): *1102 SW 40<sup>th</sup> Terrace*  
83 *Cape Coral, FL*  
84 City  
85 Zip Code: *33914*

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: *Kathy Klunder* (Signature, typed or printed name of registered agent and title if applicable) *Kathy Klunder* (NOTE: Registered Agent signature required when reinstating) DATE: *4/23/96*

12. OFFICERS AND DIRECTORS

|                 |                                |  |
|-----------------|--------------------------------|--|
| TITLE           | PO                             | <input type="checkbox"/> DELETE            |
| NAME            | KLUNDER, KATHY                 |  |
| STREET ADDRESS  | 1102 SW 40TH TERRACE           |  |
| CITY - ST - ZIP | CAPE CORAL FL 33914            |  |
| TITLE           | <del>STD</del>                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | <del>CAMPBELL, ANNMARIE</del>  |  |
| STREET ADDRESS  | <del>700 SE 21ST AVENUE</del>  |  |
| CITY - ST - ZIP | <del>CAPE CORAL FL 33900</del> |  |
| TITLE           |                                | <input type="checkbox"/> DELETE            |
| NAME            |                                |  |
| STREET ADDRESS  |                                |  |
| CITY - ST - ZIP |                                |  |
| TITLE           |                                | <input type="checkbox"/> DELETE            |
| NAME            |                                |  |
| STREET ADDRESS  |                                |  |
| CITY - ST - ZIP |                                |  |
| TITLE           |                                | <input type="checkbox"/> DELETE            |
| NAME            |                                |  |
| STREET ADDRESS  |                                |  |
| CITY - ST - ZIP |                                |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 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 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: *Kathy Klunder* (Signature, typed or printed name of signing officer or director) DATE: *4/23/96* (941) 570-7448 (Daytime Phone #)

CR2E034 (12/95)