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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000001700 (9)

1. Corporation Name
COMRES MANUFACTURING, INC.



Principal Place of Business

3115 LAKE STONE DR
TAMPA FL 33618

Mailing Address

3115 LAKE STONE DR
TAMPA FL 33618-1120

3. Date Incorporated or Qualified

01/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 4730 W. CURTIS AVE.
Suite, Apt. #, etc.

2a. Mailing Address

26 4730 W. CURTIS AVE.
Suite, Apt. #, etc.

4. FEI Number

59-3357066

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

City & State

23 TAMPA FL
Zip Country

24 33614

25 Hills.

City & State

28 TAMPA FL
Zip Country

29 33614

30 Hills

9. Name and Address of Current Registered Agent

COOK, STEVEN M
3115 LAKE STONE DR
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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

(Signature of registered agent or officer and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1 D
TITLE
NAME: COOK, STEVEN M
STREET ADDRESS: 3115 LAKE STONE DR
CITY, ST, ZIP: TAMPA FL 33618

2 D
TITLE
NAME: COOK, JANINE M
STREET ADDRESS: 3115 LAKE STONE DR
CITY, ST, ZIP: TAMPA FL 33618

3
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE: Steven M Cook (Steven M. Cook 3-26-97 813-673-8510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)