


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 JUL 30 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017043 (6)

1. Corporation Name  
**COMAD MANAGEMENT GROUP, INC.**

Principal Place of Business  
**795 119TH AVENUE  
TREASURE ISLAND FL 33706**

Mailing Address  
**795 119TH AVENUE  
TREASURE ISLAND FL 33706**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>02/23/1996</b>		3a. Date of Last Report	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		4. FEI Number <b>57-1042737</b>		Applied For Not Applicable	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CARNEY, MARY JO  
BARNETT TOWER, SUITE 1210  
ONE PROGRESS PLAZA  
ST. PETERSBURG FL 33701**

CHANGE TO ->

10. Name and Address of New Registered Agent

**81** Name **GEORGE A. MAKRAUER**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**795-119TH AVE**  
**83**  
**84** City **TREASURE ISLAND** **FL** **85** Zip Code **33706**

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 obligation of, Section 607.0501, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARNEY, MARY JO</b>	1.2 NAME	
STREET ADDRESS	<b>BARNETT TWR., STE. 1210, 1 PROGRESS PLAZA</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE A. MAKRAUER</b>	2.2 NAME	
STREET ADDRESS	<b>795-119TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARON D. MAKRAUER</b>	3.2 NAME	
STREET ADDRESS	<b>795-119TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND, FL 33706</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*George A. Makrauer*

7/24/97

CR2E034 (4/97)



**ComAd Management Group, Inc.**  
795 - 119th Avenue  
Treasure Island, Florida 33706  
Voice 813.363.7373 • Fax 813.367.0222  
Email <comad@comad.com>  
Web <www.comad.com>



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July 24, 1997

Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Reference: Document # P96000017043 (6)

Today we received the "2ND NOTICE" Annual Report Packet including a late fee of \$385.00. Since we are a new business in Florida established just last year and this is our first filing year, we called your office and spoke with Jason (declined to give last name) to clarify the State's requirements. We were told there is an annual form and payment due by May 1 of each year, which we were not previously aware of. He advised us to send the enclosed check for \$165.00 along with this letter of explanation for your consideration.

Please note on the enclosed copy of your Presorted First-Class Mail label that the mailing address shows a former Cincinnati residential address for us, whereas the "Mailing Address" shown on the filing Document enclosed is our correct Mailing Address in Treasure Island, Florida. Evidently, the first form was sent to the old Cincinnati address and not forwarded to us. When I asked Jason about that, he said the forms are sent out only as a "courtesy" and it is our responsibility to file correctly. I now understand that. Under the circumstances of this being our first year of filings and procedures with Florida as a new business, this is to request your consideration of waving the Late Fee penalty this time. Starting a new business is always tough, and limiting expenses is important. Being threatened with an expensive penalty is an education by itself; making that payment would be painful. This will not happen again.

I hope you will consider these matters and rescind the Late Fee.

In addition, where can I secure a list of all required Florida filings for business activity, taxes and other regulations?

Thank you for your consideration.

Sincerely,

ComAd Management Group, Inc.

  
George A. Makrauer  
President

Enclosures

cc: P.O. Box 1500; zip 32302-1500