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.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 AUG -4 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000023895 (1)**

1. Corporation Name
COM-VEST, INC.

Principal Place of Business	Mailing Address
8902 NO DALE MABRY HIGHWAY STE 214 TAMPA FL 33614	8902 NO DALE MABRY HIGHWAY STE 214 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3366333 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EILERS, LORRIE N
8902 NO DALE MABRY HIGHWAY STE 214
TAMPA FL 33614

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORD, JOHN 8902 NO DALE MABRY HIGHWAY STE 214 TAMPA FL 33614	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 800002261058--0 -08/07/97--01101--009 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEINRICH, KIM N 2131 WILLOW LAUREN LANE WINDERMERE FL 34786	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EILERS, LORRIE N 2609 CARROLL LAKE STREET TAMPA FL 33618	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 8-6-97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/97)

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: John Nord Pres 7/21/97 813-932-4600

JOHN NORD, P.A.
CERTIFIED PUBLIC ACCOUNTANT
8902 NORTH DALE MABRY, SUITE 214
TAMPA, FLORIDA 33614

TEL. 932-4900

MEMBER
FLORIDA INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS

(2)

7/21/97

GENTLEMEN,

PLEASE ELIMINATE LATE FILING FEE OF $35.00 FOR FOLLOWING REASONS:

1) THIS IS A FIRST ANNUAL REPORT - CORPORATION INCORPORATED 3/13/96

2) YOU DID NOT FURNISH COPY TO FILE FIRST ANNUAL REPORT - I FILED FOR OTHER CORPORATIONS ON APRIL 10, 1997 WHEN FILING COPIES WERE FURNISHED TO ME (I CAN FURNISH A SWORN AFFIDAVIT TO THAT EFFECT)

3) THE FILING CORPORATION IS NON OPERATING AS YET CORPORATION

4) IF YOU CHOOSE NOT TO ACCEPT MY REQUEST PLEASE RETURN MY CHECK FOR $165.00 AND I WILL GET ANOTHER CORPORATION FOR $70.00

I HOPE YOU WILL CONSIDER MY REQUEST AS THE OVER 233% PENALTY IN THIS SITUATION SEEMS TO BE UNFAIR.

VERY TRULY YOURS

COM-VEST, INC

JOHN NORD, PRES