## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000045218 (0)

TOTAL COMFORT, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1998 8:00am Secretary of State



632 EAST 5TH AVENUE MOUNT DORA FL 32757		632 EAST 5TH AVENUE MOUNT DORA FL 32757			
MOUNT DON	M FL SZIGI	MOUNT DONK PL 32/3/		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				05/28/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 204	BEACHWAY AUX	- 26 204 BEAC	Chway Au	59-3379782	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<i>Y</i>	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Statos Desired	Fee Required
City & State		City & State	سر د ۲	6. Election Campaign Financing	<b>\$5.00</b> May Be
23 NEW		28 NEW Smyk 710 29 32169	MA BUL, FO	Trust Fund Contribution	Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the cur	_ ′
24 3216	<del></del>	29 52/69	30 VO[USIA	Personal Property Tax due June 30.	Yes No
	Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
BLUM, KEITH J			81 Name		
1428 BRICKELL AVENUE			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
6TH FLOOR				· · · · · · · · · · · · · · · · · · ·	
Mi	AM) FL 33131		83		
			84 City		85 Zip Code
				F <u>L</u>	,   -
11. Pursuant	to the provisions of Sections 607.0502	t and 607.1508, Florida Statute of Florida, Such change was a	s, the above-named or uthorized by the corpo	orporation submits this statement for the purpose of tration's board of directors. I hereby accept the app	i changing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes	Tallotto board of allocator. I storoby account bio app	onteriore de lagratarea
SIGNATURE					
	Signature, typed or printed name of registered agen		Registered Agent signature re-		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD CONTORT LOCERAL	☐ DELETE	1.1 TITLE		Change Addition
NAME	COMFORT, JOSEPH I	EI 000	1.2 NAME		
STREET ADDRESS	1428 BRICKELL AVENUE 6TH	FLOOR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 C(TY - ST - ZIP		T 8:
TITLE	VO	☐ DELETE	2.1 TITLE		Change Addition
NAME	COMFORT, THEODORE	FI 000	2.2 NAME		
STREET ADDRESS	1428 BRICKELL AVENUE 6TH	FLOOR	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3 1 TITLE		Change Addition
NAME	COMFORT, LYNDA		3.2 NAME		
STREET ADDRESS	1428 BRICKELL AVENUE 6TH	FLOOR	3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4. CITY - ST - ZIP		
TITLE		L_ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·
TITLE		L DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		·
TITLE		☐ DELETE	6.1 TITLE	*	Change Addition
NAME			6.2 NAME		
STREET ADORESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		······································
				in Section 119.07(3)(i), Florida Statutes. I further ceature shall have the same legal effect as if made un	
officer or	director of the corporation or the recei	ver or trustee empowered to e	xecute this report as re	equired by Chapter 607, Florida Statutes; and that r	ny name appears in
Block 12 (	or Block 13 if changed, or on an attac	hment with an address.			