


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

FILED
May 07 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 # P96000062640 (3)			
1. Corporation Name COMANCO, INC.			
Principal Place of Business 2627 MCGREGOR BLVD. FT. MYERS FL 33901-5829		Mailing Address 2627 MCGREGOR BLVD. FT. MYERS FL 33901-5829	
2. Principal Place of Business		3a. Date of Last Report N/A	
21. Suite, Apt. #, etc.		4. FEI Number 65-0698523	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			
COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD., #101 FT. MYERS FL 33907			
10. Name and Address of New Registered Agent			
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City			
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: <i>Charles M. Costello</i> DATE: April 28, 1997			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: COSTELLO, TRUMAN J		1.2 NAME	
STREET ADDRESS: 12670 NEW BRITTANY BLVD. #101		1.3 STREET ADDRESS	
CITY-ST-ZIP: FT. MYERS FL 33907		1.4 CITY-ST-ZIP	
TITLE: PRESIDENT + DIRECTOR <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CHARLES M. COSTELLO		2.2 NAME	
STREET ADDRESS: 2627 MCGREGOR		2.3 STREET ADDRESS	
CITY-ST-ZIP: FT. MYERS, FL 33901		2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		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: <i>Charles M. Costello</i> DATE: April 28, 1997 941.334.0282			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)