PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000077839

1. Corporation Name

COMAC KISSIMMEE, INC.

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Principal Place	e of Business	Mailing Address					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11110 7077 1201
3300 PGA BLVD).	3300 PGA BLVD.						
SUITE 620		SUITE 620			20 1107 117	IN TING OF		
PALM BEACH G	GARDENS FL 33410	PALM BEACH GARDENS FL 3	33410			ITE IN THIS SI	ACE	
					3. Date Incorporated or Qualifed 09/18/1996			
2. Principal Pla	lace of Business	2a. Mailing Address			4. FEI Number		_ 	olied For
21	·	26			65-0696291			Applicable
Suite, Apt. i	#. etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired		\$8.7.5 .A Fee Red	dditional
22		27						•
City & State	е	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the cur			□Na.
24	25	[29] [30	<u> </u>		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New	Registered Ag	ent	
WUIT	TE, JOHN II		"	name				
	5 PALM BEACH LAKES BLVD.		82	Street Add	ress (P.O. Box Number is Not Accept	able)		
1	TE 1200		83					
WES	ST PALM BEACH FL 33401		84	City			85 Zip C	ode
	to the provisions of Sections 607.050		1			FL		
office or re	egistered agent, or both, in the State :	of Florida. Such change was auth	ionzed by	the corporati	ion's board of directors. I hereby acce	pt the appointing	nent as reg	jisterea
agent. I ar SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statutes.	•	ed when reinstating)	DATE		
agent. I ar SIGNATURE	Signature, typed or printed name of registered ager	tions of, Section 607.0905, Florida at and title if applicable. (NOTE: Re ID DIRECTORS	a Statutes.	•		DATE FICERS AND	DIRECTO	RS IN 12
agent. I ar	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	a Statutes.	•	ed when reinstating)	DATE FICERS AND		
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90009 003 ***150.00