

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90027 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000002104

1. Corporation Name  
COMFORTABLE CORP.



Principal Place of Business Mailing Address  
2320 CURLEW RD 2320 CURLEW RD  
PALM HARBOR, FL 34682 PALM HARBOR, FL 34682

DO NOT WRITE IN THIS SPACE

|                                |                     |   |   |                |
|--------------------------------|---------------------|---|---|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   | 4. FEI Number   | Applied For    |
| 21                             | 26                  | 01/08/1997  | 59-3418602  | Not Applicable |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |                |
| 22                             | 27                  | <input type="checkbox"/>  |   |                |
| City & State                   | City & State        | 6. Election Campaign Financing  | \$5.00 May Be Added to Fees   |                |
| 23                             | 28                  | Trust Fund Contribution   | <input type="checkbox"/>  |                |
| Zip                            | Zip                 | 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                |
| 24                             | 29                  |   |   |                |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DHARSI RAJAB H  
CITC880 337103087 1199 52 01/06/99  
NOTIFY SENDER OF NEW ADDRESS  
CITCO  
2678 N MCMULLEN BOOTH RD APT 821  
CLEARWATER FL 33761-4062

|  |              |
|--|--------------|
| 81. Name   | 85. Zip Code |
| Street Address (P.O. Box Number is Not Acceptable) |              |
| City   |              |

I, named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent.

|                            |                    |   |  |
|----------------------------|--------------------|---|--|
| SIGNATURE                  |                    | DATE  |  |
| Rajab H. Dharsi            |                    |   |  |
| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |  |
| TITLE                      | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | 1.2 NAME           |   |  |
| STREET ADDRESS             | 1.3 STREET ADDRESS |   |  |
| CITY-ST-ZIP                | 1.4 CITY-ST-ZIP    |   |  |
| TITLE                      | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | 2.2 NAME           |   |  |
| STREET ADDRESS             | 2.3 STREET ADDRESS |   |  |
| CITY-ST-ZIP                | 2.4 CITY-ST-ZIP    |   |  |
| TITLE                      | 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                      | 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                      | 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                      | 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 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.

SIGNATURE: Rajab H. Dharsi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 727,785-6033  
Date Daytime Phone #

CR2E034 (1/98)