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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000019225 (6) DOCUMENT # 1. Corporation Name

COMAC NORTH PALM, INC. Principal Place of Business Mailing Address 3300 PGA BLVD. STE 620 3300 PGA BLVD. STE 620 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-073 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 1645 PALM BEACH LAKES BLVD. STE 1200 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 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 (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE COWIE, PETER V NAME 1.2 NAME 3300 PGA BLVD. STE 620 STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 2.1 TITLE MCINTOSH, ROBERT A NAMÉ 2.2 NAME 3300 PGA BLVD. STE 620 STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 2.4 City-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ___ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change TITLE DELETE 6.1 TITLE __ Addition 62 NAME NAME

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.

1/7/98

561-775-7393

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 23 1998 8:00am

Secretary of State