SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000098190 (6)

FILED Aug 26 1998 8:00am Secretary of State

KOMFY	KID\$, INC.			
Principal Plac	ce of Business	Malling Address		
1625 SAN MAI	RCO BLVD	1625 SAN MARCO BLVD		
JACKSONVILLI		JACKSONVILLE FL 32207		
ł				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				11/14/1997
2. Principal F	Place of Business	2a. Mailing Address		4 FEI Number Applied Fo
	san Marco BWd.	26 1425 San M	lares Blu	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 Suit		27 Juitl		Fee Required
City & Sta		City & State	10 01	6. Election Campaign Financing \$5.00 May Be
Zip Zip	KSONVILL FI.	28 Jacksonvil	Country	Trust Fund Contribution LJ Added to Fees
24 822			30 LLSA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9, Name and Address of Curre		00 001	10. Name and Address of New Registered Agent
KłR:	SCHNER, MAIN, GRAHAM, TANN	IER ET AL	81 Nan	ame
ONE INDEPENDENT DR, SUITE 2000				reet Address (P.O. Box Number is Not Acceptable)
	CKSONVILLE FL 32202			
			83	
1			84 City	ty 85 Zip Code
		· · · · · · · · · · · · · · · · · · ·		
office or agent. I SIGNATURE	am familiar with, and accept the oblig	gations of, section 607.0505, Flori	ida Statutes.	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered signature required when reinstaling).
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE	D	DELETE	1.1 TITLE	Change Add
NAME	MCKAY, LORETTA		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRES	IESS
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP	
TITLE	D WATURAN	DELETE	2.1 TITLE	
NAME	UMBERGER, KATHRYN	=-	*	Change Add
STREET ADDRESS CITY-ST-ZIP	1	-	2 2 NAME	
TITLE		-	2.3 STREET ADDRES	
1	JACKSONVILLE FL 32207	☐ DELETE	2.3 STREET ADDRES	RESS
NAME	JACKSONVILLE PL 32207	DELETE	2.3 STREET ADDRES	
NAME STREET ADDRESS		DELETE	2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE	Change Add
ſ		DELETE	2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Change Add
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STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP	Change Add
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14. I heraby 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 recolver 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 Phanged, or on an attachment with an address.

SIGNATURE - LONG HAND MONCHAR MONCHAR MONCHAR 122198 904-391-1485

7/21197 PSJ

To whomitmay concern,

Copy of the annual corporation papers. Our address did not have Suite I on it so I suppose the postal service has it. I as tuly soin for not calling or writing for an additional copy but being arient, found couperation I did not know about the Alpart. Un attorney filled amfirt appearen and again I am tuly sound for the late date of these paper. I hope you will take this is to consideration for autiling

Sincedy,

Reverta makaz