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).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104746 (7)

D.L. COMFORT, INC.

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

8781 SW 56 ST. 6781 SW 56 ST. MIAMI FL 33155 **MIAMI FL 33155** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 61-0800 664 21 26 Not Applicable Sulte, 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 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORREDERO, FRANCISCO JR. 6781 SW 56 ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change Addition CORREDERO, FRANCISCO JR. NAME 1.2 NAME 6781 SW 56 ST. STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change TITLE \_\_ DELETE Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4 1 TITLE TITLE DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE L\_\_ DELETE L. Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 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 to execute this report as req

DELETE

FILED
Jul 30 1998 8:00am
Secretary of State

CR2E034 (5/98)

Change Addition