

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000088174

1. Corporation Name

COMFORT LIVING FINANCIAL, INC.

Principal Place of Business

1817 BAYWOOD DRIVE
SARASOTA FL 34231

Mailing Address

1817 BAYWOOD DRIVE
SARASOTA FL 34231

2. Principal Place of Business

21 17549 DEER ISLE CIRCLE
Suite, Apt. #, etc.

22 City & State

23 WINTER GARDEN, FL
Zip Country

24 34787

25 USA

2a. Mailing Address

26 17549 DEER ISLE CIRCLE
Suite, Apt. #, etc.

27 City & State

28 WINTER GARDEN, FL
Zip Country

29 34787

30 USA

9. Name and Address of Current Registered Agent

SIEB, DOUGLAS M ESQ.
240 NORTH WASHINGTON BLVD.
SUITE 200
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when the state is)

DATE

12. OFFICERS AND DIRECTORS

TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [X] Addition
12 NAME	PETER WITDENBOCH
13 STREET ADDRESS	17549 DEER ISLE CIRCLE
14 CITY-ST-ZIP	WINTER GARDEN FL 34787
21 TITLE	[] Change [] Addition
22 NAME	000002816120--6
23 STREET ADDRESS	--03/23/99--01098--001
24 CITY-ST-ZIP	****150.00 ****150.00
31 TITLE	[] Change [] Addition
32 NAME	000002816120--6
33 STREET ADDRESS	--03/23/99--01098--002
34 CITY-ST-ZIP	****35.00 ****35.00
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/OWNER

Mar 9 1999

407-905-0684

APPROVED
FILED

99 MAR 11 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

650872958

Applied For
Not Applicable

5. Certificate of Status Desired

X4

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)

0470648