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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V03440

(7)

1. Corporation Name

COMSTRAN CORPORATION

Principal Place of Business

7033 VERDE WAY
NAPLES FL 33963
US

Mailing Address

7033 VERDE WAY
NAPLES FL 34108-6516
US

3. Date Incorporated or Qualified
12/31/1991

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 294A 14th Avenue S.

26 294A 14th Avenue S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3a Naples, FL

27 Naples, FL.

City & State

City & State

23 34102

28 34102

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, KENNETH R.
4001 N TAMiami TRAIL #300
NAPLES FL 33940

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME NORRIS, TED L.
STREET ADDRESS 7033 VERDE WAY
CITY-ST-ZIP NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 294A 14th Avenue S.
1.4 CITY-ST-ZIP Naples, FL 34102

TITLE D
NAME SWANSON, JOHN C.
STREET ADDRESS 7033 VERDE WAY
CITY-ST-ZIP NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 294A 14th Avenue S.
2.4 CITY-ST-ZIP Naples, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted L. Norris

Date

Daytime Phone #

0413193

CR2E034 (9/96)