

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # V37177 (5)**

1. Corporation Name

**COMAC NAPLES, INC.**



Principal Place of Business

**1645 PALM BEACH LAKES BLVD.  
SUITE #420  
WEST PALM BEACH FL 33401**

Mailing Address

**1645 PALM BEACH LAKES BLVD.  
SUITE #420  
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified **05/15/1992** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business 21 **3300 PGA BLVD** Suite, Apt. #, etc. **STE 620** City & State **PALM BEACH GARDENS FL** Zip **33410-2811** Country **USA** 2a. Mailing Address 26 **3300 PGA BLVD** Suite, Apt. #, etc. **STE 620** City & State **PALM BEACH GARDENS FL** Zip **33410-2811** Country **USA** 4. FEI Number **65-0341481** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required** 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent **MCINTOSH, ROBERT A  
1645 PALM BCH. LKS. BLVD.  
STE. 420  
WEST PALM BEACH FL 33401** 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) **3300 PGA BLVD STE 620** 83 84 City **PALM BEACH GARDENS** FL 85 Zip Code **33410-2811**

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRD** NAME **MCINTOSH, ROBERT A** STREET ADDRESS **1645 PALM BEACH LAKES BLVD #420** CITY-ST-ZIP **WEST PALM BEACH FL** 1.1 TITLE ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS **3300 PGA BLVD STE 620** 1.4 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-2811**

TITLE **VSTD** NAME **COWIE, PETER V** STREET ADDRESS **1645 PALM BEACH LAKES BLVD. #420** CITY-ST-ZIP **WEST PALM BEACH, FL** 2.1 TITLE ☒ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS **3300 PGA BLVD STE 620** 2.4 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-2811**

TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

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TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **RA McIntosh** 4/15/96 407-775-7323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)