

**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 # **V62480** (1)

1. Corporation Name

**COMAC BOYNTON, INC.**



Principal Place of Business

Mailing Address

**1645 PALM BCH. LKS. BLVD.  
STE. 420  
WEST PALM BEACH FL 33401-2216  
US**

**1645 PALM BEACH LAKES BLVD  
SUITE 420  
WEST PALM BEACH FL 33401-2216  
US**

3. Date Incorporated or Qualified  
**09/09/1992**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business  
21 **3300 PGA BLVD**

2a. Mailing Address  
26 **3300 PGA BLVD**

4. FEI Number  
**65-0360259**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **STE 620**

Suite, Apt. #, etc.  
27 **STE 620**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **PALM BEACH GARDENS FL**

City & State  
28 **PALM BEACH GARDENS FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
24 **33410-2811** 25 **USA**

Zip Country  
29 **33410-2811** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COWIE, PETER V  
1645 PALM BCH. LKS. BLD.  
STE. 420  
W. PALM BCH. FL 33401**

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**

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

TITLE **VSTD** ☐ DELETE  
NAME **MCINTOSH, ROBERT A**  
STREET ADDRESS **1645 PALM BCH. LKS BLVD., STE. 420**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **PRD** ☐ DELETE  
NAME **COWIE, PETER V**  
STREET ADDRESS **1645 PALM BEACH LAKES BLVD. STE 420**  
CITY-ST-ZIP **WEST PALM BEACH FL**

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

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**

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**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)