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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

COMPREHENSIVE DESIGNERS, INC.

## **FILED** Jan 27 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address       |   |  |                           |               |  | 1 106441 18100 11101 11304 10411 10  | AAK OBAK ONON DAR |                                   | EUR BABAR (DE)                        |
|---|---|--|---------------------------|---------------|--|--|-------------------|-----------------------------------|---------------------------------------|
| 1717 ARCH S                                       | ST  | 1717 ARCH ST   |                           |               |  |  |                   |                                   |                                       |
| 35 FL   |   | 35 FL  | FL                        |               |  | DO NOT WRITE IN THIS SPACE   |                   |                                   |                                       |
| PHILADELPHIA PA 19103 PHILADELPHIA PA 19103 US US |   |  |                           |               |  | 3. Date Incorporated or Qualified  |                   |                                   |                                       |
| •   |   | ••   |                           |               |  | 02/21/1974   | ou.               |                                   |                                       |
| 2. Principal Pi                                   | ace of Business   | 2a. Mailing Address  |                           |               |  | 4. FEI Number  |                   | A                                 | pplied For                            |
| 21  |   | 26   |                           |               |  | 23-1925839   |                   | N                                 | lot Applicable                        |
| Suite, Apt. #, etc.                               |   | Surte, Apt. #, etc.  |                           |               |  | 5. Certificate of Status Desired   | · [               | \$8.75 Additional<br>Fee Required |                                       |
| City & State                                      |   | City & State   |                           |               | 6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee |  |                   |                                   |                                       |
|   | Zip Country   |  | Zip Country               |               |  |  |                   |                                   |                                       |
| 24  | 25  | 29   | 30                        | ,             |  | 8. This corporation owes or has paid the current year Intanable Personal Property Tax due June 30. |                   |                                   |                                       |
|   | 9. Name and Address of Current  | Registered Agent   |                           |               |  | 10. Name and Address of New Registered Agent   |                   |                                   |                                       |
|   | r corporation system  |  | 81                        | Name          | !  |  |                   |                                   |                                       |
|   | 00 SOUTH PINE ISLAND ROAD   |  | 82                        | Street        | Addres   | ss (P.O. Box Number is Not Acce  | ptable)           |                                   | · · · · · · · · · · · · · · · · · · · |
| PL  | ANTATION FL 33324   |  | 83                        | ļ             |  |  |                   |                                   |                                       |
|   |   |  | 63                        |               |  |  |                   |                                   |                                       |
|   |   |  | 84                        | City          |  | ,  | FL                | 85 Zip                            | Code                                  |
| office or re                                      | to the provisions of Sections 607.0502<br>ogistored agent, or both, in the State of<br>m familiar with, and accept the obligati | f Horida. Such change was  | authorized b              | y the cor     | d corpoi<br>rporatio   | ration submits this statement for l<br>n's board of directors. I horeby a                          | he purpose o      | of changing i                     | its registered<br>s registered        |
| SIGNATURE   |   |  |                           |               |  |  |                   |                                   |                                       |
|   | Signature, typed or printed hame of registered agent  | Service of the servic |                           | ent signakırı | e required   | when reinstating)  | DATE              | ID DIDEATA                        | DO 111 40                             |
| 12.   | OFFICERS AND  | DELETE   | 13.                       | 1.1 111146    |  | ADDITIONS/CHANGES TO C   | FFICERS AN        | D DIRECTOR                        | Addition                              |
| NAME  | MARKLEY, THOMAS R.  | <u> </u>   | 1.2 NAME                  |               |  |  |                   | L Chango                          | L. Hoution                            |
| STREET ADDRESS                                    | 1717 ARCH ST35TH FL   |  | 1.3 STREET ADDRESS        |               |  |  |                   |                                   |                                       |
| CITY-ST-ZIP                                       | PHILADELPHIA PA 19103-2768  |  | 1.4 CITY- ST-ZIP          |               |  |  |                   |                                   |                                       |
| TITLE   | 8   | DELETE   | 2.1 11TLE                 |               | V  | PRES - SEC   | <del>了</del>      | Change                            | Addition                              |
| NAME  | SEIDERS, J. R   |  | 2.2 NAME                  |               |  |  | -                 |                                   |                                       |
| STREET ADDRESS                                    | 1717 ARCH ST., 35TH FLOOR   |  | 2.3 STREET ADDRESS        |               |  |  |                   |                                   |                                       |
| CITY-ST-ZIP                                       | PHILADELPHIA PA   | DELETE   | 2. 4 C(TY-S1-7)P          |               | 1250   | -5 -50-05  |                   | Change                            | Addition                              |
| TITLE<br>NAME                                     | LANDIO ED   |  | 3.1 TITLE                 |               |  | es - TRE95<br>Blington A. N  | ی ا م             |                                   | AUGINON                               |
| STREET ADDRESS                                    | 1717 ARCH ST35TH FL   |  | 3.3 STREET ADDRESS        |               | 77   | . M t  | - 3 K             | Th FL                             |                                       |
| CITY-\$1-ZIP                                      | PHILADELPHIA PA 19103-2768  |  | 3.4. CITY -               |               | 1,5  | MIGGELONIS   | , 23/             | 4 191                             | <b>^3</b>                             |
| TITLE   | D   | DELETE   | 4.1 TITLE                 |               |  | 1 1 2 2 2 1 2 1 1 2  |                   | Change                            | Addition                              |
| NAME  | GARRISON, W.R.  |  | 4. 2 NAME                 |               |  |  |                   |                                   |                                       |
| STREET ADDRESS                                    | 1717 ARCH ST35TH FL   |  | 4.3 STREE                 | ADORESS       |  |  |                   |                                   |                                       |
| CHY-ST-ZIP  |   |  | 4.4 C(1)Y-                | ST-ZIP        | ļ  |  |                   |                                   |                                       |
| TITLE   |   | ☐ DELFTE   | 5 1 TITLE                 |               |  |  |                   | ☐ Change                          | Addition                              |
| NAME  |   |  | 5.2 NAME                  |               |  |  |                   |                                   |                                       |
| STREET ADDRESS                                    |   |  |                           | ADDRESS       |  |  |                   |                                   |                                       |
| CITY-ST-ZIP<br>TITLE                              |   | DELETE   | 5.4 CITY - 5<br>6.1 TITLE | 11-28"        | <del> </del>   |  |                   | Change                            | Addition                              |
| NAME  |   |  | 6.2 NAME                  |               |  |  |                   | 5.00.190                          |                                       |
| STREET ADDRESS                                    |   |  | 6.3 STREET                | ADDRESS       |  |  |                   |                                   |                                       |
| CITY+ST-ZIP                                       |   |  | 6.4 CHY-5                 | 31 - 71P      | Í  |  |                   |                                   |                                       |
| 14. I hereby o                                    | ertify that the information supplied with<br>on this annual report or supplemental a  | this filing does not qualify f   | or the exemp              | ition state   | ed in Se   | ection 119.07(3)(i), Florida Statute   | es. I further o   | ertify that the                   | information                           |
| officer or c                                      | director of the corporation or the receive<br>or Block 13 if changed or per an altach   | er or trustee empowered to   | execule this              | report as     | s require  | ed by Chapter 607, Florida Statu   | es; and that      | my name ap                        | ppears in                             |
|   | // //   | M/7 /  |                           |               |  |  | · /               |                                   |                                       |