FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90149 009 ***150.00

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 # F53513 1. Corporation Name

COMPREHENSIVE MANAGEMENT, INC.

		,					(1)	a
Principal Place	e of Business	Mailing Address			[\$##(\$## (\$#) \$\$(## \$4(#) #(\$#! (INGN 1181 NIGIT NI '	eri bleli elbli el	I STORES STORES
10575 68TH AVI	· ·	10575 68TH AVE N						
SUITE B-3	E N	SUITE B-3						
SEMINOLE FL 33772		SEMINOLE FL 33772		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed	1			
					11/13/1981			ļ
2 Principal P	lace of Business	2a, Mailing Address	• • • • • • • • • • • • • • • • • • • •		4. FEI Number		App	plied For
21	•	26	بيد و سد.		-59-2134650	· _ *	Not	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22		27			5. Certifcate of Status Desired		Fee Re	quired
City & State	е	City & State			6. Election Campaign Financing		\$5.00	May Be
		28			Trust Fund Contribution		Added to	- 1
Zip	Country	Zip	Country	,	8. This corporation owes the cu	rrent year Int		
	25		30		Personal Property Tax.			□No
24	9. Name and Address of Current		, o i		10. Name and Address of New	Registered	Agent	
	9. Haille and Address of Current	r registered Agoni	81	Name	10.			
GRA	HAM, DONALD V.		L					
#1 KEY CAPRI DR., 113W				Street Add	Address (P.O. Box Number is Not Acceptable)			
	ASURE ISLAND FL		02	<u> </u>		• • •		
,,,,	TOORE TOURTO TE		83					
	•		84	City			85 Zip C	Code
	• •	_				<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statutes	s, the above	e-named cor	poration submits this statement for th	e purpose of	changing its	registered
office or n	egistered agent, or both, in the State o im familiar with, and accept the obligati	of Florida. Such change was aut	norized by	tne corporat	tion's poster of directors, i hereby acci	spi ine appon	mueur as 166	Jistered
		10115 OI. SECUON 607.0303. FION	aa Statutes	S.				,
	· · · · · · · · · · · · · · · · · · ·	ions of, Section 607.0505, Florid	ua Statutes	5.				Ì
SIGNATURE	Signature, typed or printed name of registered agent			š.	red when reinstating)	DATE		
		t and title if applicable. (NOTE: F		š.	red when reinstating) ADDITIONS/CHANGES TO O			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Ager	š.			ID DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: F	Registered Ager	š.				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V	t and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	s. nt signature requir				
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requir				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V	t and title if appilicable. (NOTE: F D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requir			☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature requir				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if appilicable. (NOTE: F D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature requir			☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if appilicable. (NOTE: F D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T ADDRESS			☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T ADDRESS			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if appilicable. (NOTE: F D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T ADDRESS			☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADDRESS T ADDRESS			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADORESS T ADORESS T ADORESS			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADORESS T ADORESS T ADORESS			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W	t and title if applicable. (NOTE: F D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	T ADDRESS T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP			Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: F D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP			Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: F D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: F D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 5.1 TITLE 5.1 TITLE 5.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS		FFICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 5.3 TITLE 5.1 TITLE 5.2 NAME	T ADDRESS			Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 TITLE 5.2 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE	T ADDRESS		FFICERS AN	Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS		FFICERS AN	Change Change Change Change	Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 TITLE 5.2 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE	T ADDRESS		FFICERS AN	Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PSTD GRAHAM, DONALD V #1 KEY CAPRI DR 113W TREASURE ISLAND, FL00000	t and title if applicable. (NOTE: FD DIRECTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS		FFICERS AN	Change Change Change Change	Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE