

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N36357 (4)**  
1. Corporation Name  
**COMPREHENSIVE GUARDIANSHIP SERVICES INC.**



Principal Place of Business Mailing Address  
**5730 CORPORATE WAY #214 W PALM BCH FL 33407 US**

3. Date Incorporated or Qualified **01/25/1990** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **424 - 41 ST** 26 **424 - 41 ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27 City & State  
23 **W. PALM BEACH FL** 28 **W. PALM BEACH FL**  
Zip Country 29 Zip Country  
24 **33407** 25 **USA** 30 **33407** 30 **USA**

4. FEI Number **65-0178422** 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  
**PERRY, RONALD C.  
2912 POINSETTIA AVE  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent  
81 Name **RONALD C. PERRY**  
82 Street Address (P.O. Box Number is Not Acceptable) **424 - 41 ST.**  
83  
84 City **W. PALM BEACH** 85 Zip Code **FL 33407**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERRY, RONALD C.</b>	
STREET ADDRESS	<b>2912 POINSETTIA AVE</b>	
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAIR, CARYL</b>	
STREET ADDRESS	<b>6915 69 WAY</b>	
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>READ, PATRICIA S.</b>	
STREET ADDRESS	<b>323 28 ST.</b>	
CITY - ST - ZIP	<b>W. PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PERRY, RONALD C.</b>	
1.3 STREET ADDRESS	<b>424 - 41 ST</b>	
1.4 CITY - ST - ZIP	<b>W. PALM BEACH FL 33407</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Perry 4/29/96 407-235-9174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)