

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** FL 85 Zip Code **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, RONALD C.	1.2 NAME	PERRY, RONALD C.
STREET ADDRESS	2912 POINSETTIA AVE	1.3 STREET ADDRESS	424 - 41 ST
CITY - ST - ZIP	W. PALM BEACH FL	1.4 CITY - ST - ZIP	W. PALM BEACH FL 33407
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAIR, CARYL	2.2 NAME	
STREET ADDRESS	6915 69 WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READ, PATRICIA S.	3.2 NAME	
STREET ADDRESS	323 28 ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)