

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P04775** (3)

1. Corporation Name

COMPREHENSIVE CAPITAL CORPORATION



Principal Place of Business

Mailing Address

1600 STEWART AVE
STE. 704
WESTBURY NY 11590
US

1600 STEWART AVE.
STE. 704
WESTBURY NY 11590
US

3. Date Incorporated or Qualified **01/25/1985** 3a. Date of Last Report **03/28/1995**

4. FEI Number **11-2251217** 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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEVORKIAN, DEBORAH A
2255 GLADES RD.
STE 321A
BOCA RATON FL 33431**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME	PD SCOPPA, OLGA E.	<input type="checkbox"/> DELETE
2	STREET ADDRESS	1600 STEWART AVE, STE. 704	
3	CITY-ST-ZIP	WESTBURY NY	
4	TITLE	STVD	<input type="checkbox"/> DELETE
5	NAME	KEVORKIAN, STEVEN V.	
6	STREET ADDRESS	2255 GLADES RD.,STE 321A	
7	CITY-ST-ZIP	BOCA RATON FL	
8	TITLE		<input type="checkbox"/> DELETE
9	NAME		
10	STREET ADDRESS		
11	CITY-ST-ZIP		
12	TITLE		<input type="checkbox"/> DELETE
13	NAME		
14	STREET ADDRESS		
15	CITY-ST-ZIP		
16	TITLE		<input type="checkbox"/> DELETE
17	NAME		
18	STREET ADDRESS		
19	CITY-ST-ZIP		
20	TITLE		<input type="checkbox"/> DELETE
21	NAME		
22	STREET ADDRESS		
23	CITY-ST-ZIP		

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-ST-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY-ST-ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-ST-ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY-ST-ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

2/10/96 (516) 832-8600
Date

CR2E034 (12/95)