

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P21536 (8)**
1. Corporation Name
COMPREHENSIVE FINANCIAL SERVICES, INC.



Principal Place of Business 811 RITCHIE HIGHWAY SUITE 1000 SEVERNA PARK MD 21146 US		Mailing Address 3399 PEACHTREE RD NE SUITE 1000 ATLANTA GA 30326 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified 10/28/1988		3a. Date of Last Report 05/30/1995	
4. FEI Number 52-1454651		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	PD
NAME	COUNTS, E MILICENT	1.2 NAME	H. David Ledbetter
STREET ADDRESS	3399 PEACHTREE RD NE SUITE 1000	1.3 STREET ADDRESS	3399 Peachtree Rd., N.E., Ste. 1000
CITY-STATE-ZIP	ATLANTA GA	1.4 CITY-STATE-ZIP	Atlanta, GA 30326
TITLE	VP	2.1 TITLE	V
NAME	GILBERT, DON E	2.2 NAME	Julie Sullivan
STREET ADDRESS	3399 PEACHTREE RD NE SUITE 1000	2.3 STREET ADDRESS	3399 Peachtree Rd., N.E., Ste. 1000
CITY-STATE-ZIP	ATLANTA GA	2.4 CITY-STATE-ZIP	Atlanta, GA 30326
TITLE	VP	3.1 TITLE	VD
NAME	STEWART, E PAUL	3.2 NAME	Gordon H. Loetz
STREET ADDRESS	3399 PEACHTREE RD NE STE 1000	3.3 STREET ADDRESS	811 Governor Ritchie Highway, Ste. 25
CITY-STATE-ZIP	ATLANTA GA	3.4 CITY-STATE-ZIP	Severna Park, MD 21146
TITLE	VP	4.1 TITLE	V
NAME	COCHRAN, STEPHANIE	4.2 NAME	Melvin Spindle, Jr.
STREET ADDRESS	811 RITCHIE HWY STE 25	4.3 STREET ADDRESS	811 Governor Ritchie Highway, Ste. 25-S
CITY-STATE-ZIP	SEVERNA PARK MD	4.4 CITY-STATE-ZIP	Severna Park MD 21146
TITLE	VP	5.1 TITLE	V
NAME	MURRAY, SANDRA A	5.2 NAME	Phyllis Mitchell
STREET ADDRESS	3399 PEACHTREE RD NE STE 1000	5.3 STREET ADDRESS	11073 Cathell Rd., Ste. 2-W
CITY-STATE-ZIP	ATLANTA GA	5.4 CITY-STATE-ZIP	Berlin, MD 21811
TITLE	S	6.1 TITLE	
NAME	KILLEN, IVAN L	6.2 NAME	
STREET ADDRESS	3399 PEACHTREE RD NE SUITE 1000	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ATLANTA GA	6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

Julie Sullivan VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Sullivan

Date

404-841-6800

Daytime Phone #

CR2E034 (12/95)