FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042794 (5)**

1. Corporate Name

COMPREHENSIVE EMPLOYEE ASSISTANCE PROGRAM, INC.

Principal Place of Business	Mailing Address
4484 N. UNIVERSITY DR. LAUDERHILL FL 33351	4484 N. UNIVERSITY DR. LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1994 | 3a. Date of Last Report:

2. Enter the Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27

City & State — 23 | City & State — 28

24 | 25 | 29 | 30

4. FEI Number: 65-0542084 | 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. The corporation desires to be inactive for purposes of Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZEIF, SUZANNE R
4484 N. UNIVERSITY DR.
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

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 607.0502 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 (if changing the registered agent, the new registered agent must sign here) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17		
TITLE	D	11 TITLE	T/D	☒ Change ☐ Addition
NAME	FEUERBERG, ARLENE	12 NAME		
STREET ADDRESS	%4484 N. UNIVERSITY DR.	13 STREET ADDRESS		
CITY ST ZIP	LAUDERHILL FL 33351	14 CITY ST ZIP		
TITLE	D	21 TITLE	S/D	☒ Change ☐ Addition
NAME	ISAACS, IRWIN	22 NAME		
STREET ADDRESS	%4484 N. UNIVERSITY DR.	23 STREET ADDRESS		
CITY ST ZIP	LAUDERHILL FL 33351	24 CITY ST ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	MARRERO, JOSE	32 NAME		
STREET ADDRESS	%4484 N. UNIVERSITY DR.	33 STREET ADDRESS		
CITY ST ZIP	LAUDERHILL FL 33351	34 CITY ST ZIP		
TITLE	D	41 TITLE	P/D	☒ Change ☐ Addition
NAME	ZEIF, SUZANNE R	42 NAME		
STREET ADDRESS	4484 N. UNIVERSITY DR.	43 STREET ADDRESS		
CITY ST ZIP	LAUDERHILL FL 33351	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I/We hereby certify that the information supplied with this filing 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: [signature] — AS PRESIDENT — 4/28/95 — (305) 741-1688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240027 CP