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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000029093 (8)

COMPREHEND FRANCHISE CORP.

FILED May 01, 1996 08:00 AM **Secretary of State**



Discoul Disco	ALTS ALL STATES									
Principal Place of Business Mailing Address 3200 N. 29 AVENUE 3200 N. 29 AVENUE									*****	**
HOLLYWOO	DD FL 33020	HOLLYWOOD FL 330	020							
						3. Date Incorporated or Qualified 04/13/1995	3a. Date	of Last	Report	
	ace of Business	2a, Mailing Address				4. FEI Number Applied				コ
21		26				65-0579416				
Suite, Apt. (Suite, Apt. #, etc.]			5. Certificate of Status Desired	Certificate of Status Desired S8.75 Additional Fee Required			
Oty & State		City & State	"1			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Žip	Country	Zip	· · · · · · · · · · · · · · · · · · ·			8. This corporation has liability for intangible tax under s 199.032,				
24	25 9. Name and Address of Curren	29	Stored Agont			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	g. Nome and Address of Curren	i negistereo Agent		81	Name	10. Name and Address of New R	egistered A	gent		
KOLCA	a, stephen j jr.			ا'`	name					
	a, Sternen Jun. Jurnen Juneant Building	•		82	Street Add	lress (P.O. Box Number is Not Acceptabl	e)	***************************************		
	FLAGLER STREET									
	FL 33131			B3						i
1 """"	12 00 10 1			84	City		FL	85 2	Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abo	l ve-n	amed corpo	oration submits this statement for the purp		nging its	registered offi	ce l
	ed agent, or both, in the State of Florid h, and accept the obligations of, Secti			orpo	oration's boa	ard of directors. I hereby accept the appo	intrnent as	registere	ed agent, I am	
SIGNATURE _	Signature, typied or printed name of registered agent :	must stile if new invalue. AND	TE: Double hazari	d none	t a continue and	ad when reinstaling)				
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					ORS IN 12	{
TITLE	P	☐ DELETE	DELETE			Change Addition				
NAME	SNOW, DEAN		1.2 NAME						~	
STREET ADDRESS	3200 N. 29 AVENUE		1.3 \$		ADDRESS					
City-St-7P	HOLLYWOOD FL 33020		1 4 CI		I-ZIP					
TITLE	VI	DELETE	2 170	1 TITLE] Change	Addition	
NAME	SNOW, ARTHUR		2 2 NA							
STREET ADDRESS	3200 N. 29 AVENUE		23811	REET.	ADDRESS					
C(1Y-ST-ZIP	HOLLYWOOD FL 33020	2.4.00		- ZIP						
TITLE	VS	DELETE. 31				Change A			Addition	
NAME STREET ADDRESS	MILLER, MARK 3200 N. 29 AVENUE		3 2 NA		Innover					
CITY-ST-ZIP	HOLLYWOOD FL 33020				ADDRESS					
TITLE	HAPPILLAND IF OOK	TT DELETE	3.4 0/1 DELETE 4.1 717		1+704		-	Change	Addition	
NAME		L.J. Sawara	4.2 NA				L	, onange	TT Montroll	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.4 CIT							
TITLE		DELETE	5.1 TII		·			Change	Addition	
NAME			5 2 NAI	ME			_	. •	Build 1999	
STREET ADDRESS			5381	EET A	ADDRESS				^	
CITY-ST-ZIP			5.4 CIT			00000183	:391	.0	1 12	
TITLE		[] DELETE	6.111			00000183 -05/22/96010	1902	Hihange	Addition	7
NAME			6.2 NAI	ME		***200.00			スレヘ	۔ ا ا
STREET ADDRESS			6.3 \$15	KEET A	ADDRESS			\checkmark	ΓU	V
CITY - ST - ZIP			6.4 CIT					<u> </u>	, ,	1
14. Ldo hereby	certify that the information supplied w	ith this filing is voluntarily fur ni	ished and c	ioes	not qualify t	or the exemption stated in Section 119.0	Z/3Vk) Flori	da Stati	itoe I further	~~1

certify that the information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each that I am an officer or directly of the conforation or the receiver of the conforation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bloc

SIGNATURE:

954-921 6040