

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000094673 (7)

1. Corporation Name
COMPREHENSIVE BUSINESS SOLUTIONS, INC.



Principal Place of Business: 333 W. CAMINO REAL BLVD. #200 BOCA RATON FL 33432
Mailing Address: 333 W. CAMINO REAL BLVD. #200 BOCA RATON FL 33432

3. Date Incorporated or Qualified: 12/14/1995
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 398 W. Camino Gardens Blvd
Suite, Apt #, etc.: 22 Boca Plaza V, Suite 109
City & State: 23 Boca Raton, FL
Zip: 24 33432 Country: 25
2a. Mailing Address: 26 398 W. Camino Gardens Blvd
Suite, Apt #, etc.: 27 Boca Plaza V, Suite 109
City & State: 28 Boca Raton, FL
Zip: 29 33432 Country: 30

4. FEI Number: 51-0370539
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 [X] No []

9. Name and Address of Current Registered Agent
WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent
81 Name: Michael Voigt
82 Street Address (P.O. Box Number is Not Acceptable): 398 W. Camino Gardens Blvd
83 City & State: Boca Plaza V, Suite 109
84 City: Boca Raton FL 85 Zip Code: 33432

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] DATE: 6/17/96

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOTEY, ROBERT	
STREET ADDRESS	1901 MILLTOWN RD.	
CITY - ST - ZIP	WILMINGTON DE 19808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOIGHT, MICHAEL L	
STREET ADDRESS	28 HAILEYS TRAIL	
CITY - ST - ZIP	NEWARK DE 19711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OCCONNOR, VALERIE	
STREET ADDRESS	1501 BONDRIDGE RD.	
CITY - ST - ZIP	WILMINGTON DE 19805	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Voigt, Michael A.	
23 STREET ADDRESS	1290 SW Cypress Way	
24 CITY - ST - ZIP	Boca Raton, FL 33486	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	O'Connor, Valerie	
33 STREET ADDRESS	22017 Palms Way #103	
34 CITY - ST - ZIP	Boca Raton, FL 33433	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: [Signature] DATE: 6/17/96

CR2E034 (3/96)