

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90007 032 ***150.00

0077106

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000036550**

1. Corporation Name
COMPREHENSIVE GUARDIANSHIP SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 424 41ST STREET, WEST PALM BEACH FL 33407
 Mailing Address: 424 41ST STREET, WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified
04/23/1997

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0754037**
 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
CRAMER, JOHN M
424 41ST STREET
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent (81-85)
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRAMER, JOHN M	
STREET ADDRESS	424 41ST STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILLEN, BRUCE W	
STREET ADDRESS	424 41ST STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TOLLEFSON, GLORIA	
STREET ADDRESS	8636 SE MAY TERR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: *John Cramer* (Signature and typed or printed name of signing officer or director) Date: **6/30/99** Daytime Phone #: **561 863 1324**

CR2E034 (5/99)

P97000036550
582996-90007-32

John M. Cramer
Comprehensive Guardianship Services, Inc.
424 41st Street
West Palm Beach, FL 33407-4217

July 1, 1999

Annual Reports Filings
Division of Corporations
PO. Box 6327
Tallahassee, FL 32314

Re: 65-0754037

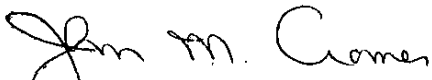
Dear Division of Corporations:

Please find my check enclosed in the amount of \$150.00 for the annual filing fee. I did not receive the first notice of the annual report in the mail. I received this one yesterday "2nd Notice" and was quite shocked.

Please accept my annual 1999 report as completed and check for \$150.00.

Thank you for your attention to this matter.

Sincerely,



John M. Cramer,
President

Enc.