

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

DOCUMENT # **S24562** (8)

1. Corporation Name

COMPREHENSIVE RESOURCES, INC.

95 MAR -7 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% MICHAEL SWEET
13892 ISHNALA CIRCLE
W PALM BEACH FL 33414

Mailing Address

% MICHAEL SWEET
13892 ISHNALA CIRCLE
W PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/14/1991

3a. Date of Last Report

02/07/1994

4. FEI Number

65-0400480

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

☒ NO

2. Principal Place of Business

21 15700 CEDAR GROVE LANE

2a. Mailing Address

25 15700 CEDAR GROVE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WEST PALM BCH, FL

City & State

26 WEST PALM BCH, FL

Zip

24 33414

Country

25 USA

Zip

29 33414

Country

30 USA

9. Name and Address of Current Registered Agent

SWEET, MICHAEL
13892 ISHNALA CIRCLE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

SWEET, MICHAEL J.

82 Street Address (P.O. Box Number is Not Acceptable)

15700 CEDAR GROVE LANE

83

84 City

WEST PALM BEACH FL

85 Zip Code

33414

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 *Michael J. Sweet* MICHAEL J. SWEET

3/2/95

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SWEET, MICHAEL
STREET ADDRESS	13892 ISHNALA CIRCLE
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	P SWEET, MICHAEL J.
1.3 STREET ADDRESS	15700 CEDAR GROVE LANE
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL. 33414
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: *Michael J. Sweet* MICHAEL J. SWEET

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95 407-798-9999

Date

Telephone Number