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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S24562

(8)

COMPREHENSIVE RESOURCES, INC.

FILED
Apr 27 1998 8:00am
Secretary of State

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15700 CEDAR GROVE LANE WEST PALM BEACH FL 33414 US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Quisified 0/1/14/1991 4. FEI Number 65-Q40Q480 Not Applied For 12
2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For O/1/4/1991 56 5. Certificate of Status Desired 56-0400480 Not Applicable 56-0400480 Not Applicable 56-0400480 Suite, Apt. #, etc. Suite, Apt.
2. Principal Place of Business
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9. Name and Address of Current Registered Agent SWEET, MICHAEL 15700 CEDAR GROVE LANE WEST PALM BEACH FL 33414 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 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 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, and accept the obligations of, Section 607 d505, Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P
SWEET, MICHAEL 15700 CEDAR GROVE LANE WEST PALM BEACH FL 33414 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or jumind name of registered ngins such tisk-of application (NOTE Registered Apert agriture required when reinstating) DATE DATE DELETE 11 TITLE DELETE 11 TITLE Change Addition
15700 CEDAR GROVE LANE WEST PALM BEACH FL 33414 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 85 Zip Code 86 City FL 86 Zip Code 87 City FL 88 Zip Code 88 City FL 88 Zip Code 88 City FL 88 Zip Code 88 City FL 88 Zip Code 89 City FL 89 Zip Code 89 City FL 80 Zip Code 80 City FL 80 Zip Code 81 City FL 80 Zip Code 81 City FL 80 Zip Code 81 City FL 80 Zip Code 82 City FL 80 Zip Code 83 City FL 80 Zip Code 84 City
WEST PALM BEACH FL 33414 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 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, 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, or both, in the State of Florida Statutes. SIGNATURE Signature, typed or jurited name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE P Addition NAME SWEET, MICHAEL 1.2 NAME 1.3 STREET ADDRESS CITY-SI-ZIP WEST PALM BCH FL Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP TITLE DELETE 2.1 TITLE Change Addition Addition TITLE DELETE 3.1 TITLE Change Addition Addition
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes J further certify that the information

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 suppliemental 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?

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561-798-9999