

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90159 009 ***150.00
 04-14-1999 90159 010 *****8.75

0049887

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000019605

1. Corporation Name
COMMUNICATION PRODUCTS AND SOLUTIONS, INC.

Principal Place of Business 177 SALEM COURT TALLAHASSEE FL 32301	Mailing Address 177 SALEM COURT TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 204 Louisiana Drive Suite, Apt. #, etc. 22 Mexico Beach, Florida City & State 23 32410 U.S.A. Zip Country	2a. Mailing Address 26 P.O. BOX 57 Suite, Apt. #, etc. 27 Port St. Joe, Florida City & State 28 32457 U.S.A. Zip Country
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3. Date Incorporated or Qualified 03/02/1998	4. FEI Number 59-3497997	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

O'STEEN, J C
 177 SALEM COURT
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
LYNN, LOUIS
 82 Street Address (P.O. Box Number is Not Acceptable)
204 Louisiana Drive
 83 Mexico Beach, Florida 32410
 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 *Louis Lynn* Louis Lynn DATE 3/1/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	LYNN, LOUIS	
STREET ADDRESS	177 SALEM COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	O'STEEN, J.C.	
STREET ADDRESS	177 SALEM COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	PD	<input checked="" type="checkbox"/>
1.2 NAME	LYNN, LOUIS	
1.3 STREET ADDRESS	204 LOUISIANA DRIVE	
1.4 CITY-ST-ZIP	MEXICO BEACH, FL. 32410	
2.1 TITLE	SDT	<input checked="" type="checkbox"/>
2.2 NAME	LYNN, BARBARA	
2.3 STREET ADDRESS	204 LOUISIANA DRIVE	
2.4 CITY-ST-ZIP	MEXICO BEACH, FLORIDA 32410	
3.1 TITLE	VD	<input type="checkbox"/>
3.2 NAME	MARTIN, CHARLES W.	
3.3 STREET ADDRESS	8050 JOSEPH ST	
3.4 CITY-ST-ZIP	SNEADS, FL 32460	
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: *Louis Lynn* LOUIS LYNN 3/1/99 850-648-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/198)