

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 8:59

DOCUMENT # G58276 (8)

1. Corporation Name

CPS COMMUNICATIONS, INC.

Principal Place of Business

% DAVID H. GIDEON
7200 WEST CAMINO REAL, SUITE 215
BOCA RATON FL 33433

Mailing Address

% DAVID H. GIDEON
7200 WEST CAMINO REAL, SUITE 215
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/06/1983

3a. Date of Last Report

02/09/1994

4. FEI Number

59-2321447

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

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

GIDEON, DAVID H.
7200 WEST CAMINO REAL
SUITE 215
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, PRESTON
STREET ADDRESS	189 PIPERS HILL RD
CITY - ST - ZIP	WILTON CT
TITLE	D
NAME	FOWLER, THOMAS G.
STREET ADDRESS	74 RUSCOE RD.
CITY - ST - ZIP	WILTON CT
TITLE	PD
NAME	GIDEON, DAVID H
STREET ADDRESS	7200 W CAMINO REAL #215
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	D
NAME	HUSTON, PHILLIPS
STREET ADDRESS	3300 GULFSHORE BLVD N
CITY - ST - ZIP	NAPLES FL
TITLE	STD
NAME	REYNOLDS, BEVERLY
STREET ADDRESS	6412 VIA ROSA
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	SCALA, ROBERT
STREET ADDRESS	500 MAIN ST.
CITY - ST - ZIP	RIDGEFIELD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ 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 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 as an attachment with an address.

SIGNATURE:

David Gideon DAVID GIDEON 2/6/95 407 368-9301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number