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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

--- E0400

(8)

DOCUMENT #

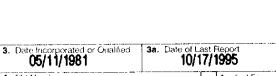
1. Corporation Name

CPS DESIGN, INC.

	,			
Mailing Add	lo	23	38	

Principal Place of Business P.O. BOX 7291 SURFSIDE FL 33154

P.O. BOX 7291 SURFSIDE FL 33154



				\\ \\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
. Principal Plac	ce of Business	2a. Mailing Addi	ess	4. FLI Number	Applied For
a a a a a a a a a a a a a a a a a a a		26		13-3082251	Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #	, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crity & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Ζφ 29	Country 30	8. This corporation has lability for i	
	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			tegistered Agent	
STAPLETON, JULIETTE 9017 GARLAND AVENUE			81 Nar 82 Stre 83	ਾਂਦ æt Address (P.O. Box Number is Not Acceptab	ole)
			84 City	y	FI 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	grance typed or payted nation of registeries again a suffer of preserve about	Hege total Agent Synables required	wten ourstatisp
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1 1 TIT.E	☐ Change ☐ Addition
NAME	STUEVECKE, CLAUS-PETER	1.2 NAME	
STREET ADDRESS	2 HAMBURG 54, STOESEMAN ALLEE 90	1.3 STREET ADDRESS	
CHTY-ST-ZIP	GERMANY 00000	1.4.0(1Y+S1+Z)F	
TITLE	ST DECETE	2 1 T-11 E	Change Addition
NAME	STAPLETON, JULIETTE	2.2 NAME	
SIREET ADDRESS	9017 GARLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CI*Y - ST ZIP	
TITLE	DELETE	3 1 INUE	Crange 🗌 Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 C(Ex+ST+2)f	
TITLE	DELETE	4 THILE	Crange Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST ZIP		4.4 CITY - ST - Z P	
TITLE	DEL ETE	5 11116	Change Addit on
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-S1-ZIP		5 4 CITY - ST - ZIP	
TITLE	☐ DELETE	6 1 Tille	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY S1-ZIP	

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 5-13-8-956

3R2E034 (12/95)