

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G47390** (1)

1. Corporation Name

CPS NATIONAL, INC.



Principal Place of Business

**2233 NURSERY RD
CLEARWATER FL 34624**

Mailing Address

**2233 NURSERY RD
CLEARWATER FL 34624**

3. Date Incorporated or Qualified

07/01/1983

3a. Date of Last Report

01/23/1995

4. FEI Number

59-2301688

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

9. Name and Address of Current Registered Agent

**FRIEDMAN, STEWART R.
2233 NURSERY ROAD
CLEARWATER FL 34624**

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 to be printed below and typed on block 12)

(If Officer, Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
☐ DELETE	P	FRIEDMAN, STEWART R.	2233 NURSERY RD CLEARWATER FL	☐ DELETE	S	GARRISON, JOSEPH E.	2233 NURSERY RD CLEARWATER FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP
☐ Change ☐ Addition				☐ Change ☐ Addition			
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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 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:

Joseph E. Garrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

813-535-2257

DATE

CR2E034 (12/95)