

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33433-5597



3. Date Incorporated or Qualified 09/06/1983  
3a. Date of Last Report 05/01/1996

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

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME WILLIAMS, PRESTON  
STREET ADDRESS 189 PIPERS HILL RD  
CITY-ST-ZIP WILTON CT

TITLE D ☐ DELETE  
NAME FOWLER, THOMAS G.  
STREET ADDRESS 74 RUSCOE RD.  
CITY-ST-ZIP WILTON CT

TITLE PD ☐ DELETE  
NAME GIDEON, DAVID H  
STREET ADDRESS 7200 W CAMINO REAL #215  
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE D ☐ DELETE  
NAME HUSTON, PHILLIPS  
STREET ADDRESS 3300 GULFSHORE BLVD N  
CITY-ST-ZIP NAPLES FL

TITLE STD ☐ DELETE  
NAME REYNOLDS, BEVERLY  
STREET ADDRESS 6412 VIA ROSA  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE  
NAME SCALA, ROBERT  
STREET ADDRESS 500 MAIN ST.  
CITY-ST-ZIP RIDGEFIELD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

35 ORCHARD STREET  
STONINGTON CT 06378

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David H. Gideon 1/30/97

Date

Daytime Phone #

368-9301

CR2E034 (9/96)