

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 MAY -1 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001803520  
-05/01/96--01090--004  
\*\*\*\*208.75 \*\*\*\*208.75

DOCUMENT # G67183  
1. Corporation Name  
CPW SYSTEMS, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 11/03/83- 10/31/83 3a. Date of Last Report 4/20/95  
4. FEI Number 59-2463580 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. 190.032 Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 FDIC - 100 Colony Sq. Box 68 26 FDIC-100 Colony Sq. Box 68  
Suite, Apt # etc Sure, Apt #, etc  
22 Ste. 2200 27 Ste. 2200  
City & State City & State  
23 Atlanta, GA 28 Atlanta, GA.  
30361 30361  
Country USA Country USA  
25 29 30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 South Pine Island Rd.  
Plantation, FL 33324

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 the applicable date Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Corrigan
1.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200
1.4 CITY - ST - ZIP	Atlanta, GA. 30361
2.1 TITLE	D/VP/AS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Patricia J. Ray
2.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200
2.4 CITY - ST - ZIP	Atlanta, GA. 30361
3.1 TITLE	D/VP/AS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles P. Farrell, Jr.
3.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200
3.4 CITY - ST - ZIP	Atlanta, GA. 30361
4.1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John P. Rossetti
4.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200
4.4 CITY - ST - ZIP	Atlanta, GA. 30361
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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  
Richard Corrigan - President

4/18/96 404-881-4840  
Date Date

CR2E034 (12/95)