

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L44132**

(3)

1. Corporation Name

CPS ASSOCIATES, INC.



Principal Place of Business

**% JOHN THOMAS MORRISON
112 OCEAN SPRAY AVE.
SATELLITE BEACH FL 32937**

Mailing Address

**% JOHN THOMAS MORRISON
112 OCEAN SPRAY AVE
SATELLITE BEACH FL 32937**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

24

g. Name and Address of Current Registered Agent

**MORRISON, JOHN THOMAS
112 OCEAN SPRAY AVE
SATELLITE BEACH FL 32937**

3. Date Incorporated or Qualified
01/23/1990

3a. Date of Last Report
04/20/1995

4. FEI Number

59-3025856

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

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 607.1503, 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 of the individual who is the registered agent

Signature of the individual who is the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

**P
MORRISON, JOHN T
112 OCEAN SPRAY AVE
SATELLITE BCH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

**T
VAN AMBURG, BRUCE E
112 OCEAN SPRAY AVE
SATELLITE BCH FL**

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

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