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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19017

(3)

CPS SYSTEMS, INC.

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Apr	10	1997	8:00am
Se	cre	tary o	f State

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Principal Place of Business  5005 WEST LAUREL SUITE 215 TAMPA FL 33607 US  2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing A 26 Suite, Ap	Suite, Apt. #, etc.			3. Date Incorporated or Qualified 04/27/1988 07/29/1996 4. FEI Number Applied For 75-1607857 Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Regulred			
City & State		City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be
23 Zip 24	Country 25	28 Zip 29		Country		1101104 01412100	] Yes	ax under : No	to Fees s. 199.032,
<u></u>	9. Name and Address of Curre	ent Registered Age	nt			10. Name and Address of New Re	gistered A	gent	
1200	CORPORATION SYSTEM S. PINE ISLAND ROAD NTATION FL 33324			81 82 83	Name Street A	ddress (P.O. Box Number is Not Acceptat	ole)		
				84	City		FL	<b>85</b> Zip	Code
CHECK AT LINE	Signation typed or protect name of regulared a	igent and title if applicable	(NOTE	Registered Age		corporation submits this statement for the poration's board of directors. I hereby acception and the property of the poration	DATE	DIRECTO	RS IN 12
THEF NAME STREET ADDRESS OVEY-ST-ZIP THEF	CD KANA, PAUL E 3400 CARLISLE STE. #500 DALLAS TX 75204 PD	L.	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE				Change	Addition
NAME STREET ADDRESS CITY ST-705	HOOFARD, JAMES K JR 3400 CARLISLE STE. #500 DALLAS TX 75204		] DELETE	2.2 NAME 2.3 STREET 2. 4 CITY-1		- white the second of the seco	· · · · · · · · · · · · · · · · · · ·	Change	Addition
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TIFLE NAME STAFE : ADDRECS OTY: ST. ZIP	D Cordier, SID H 24 Middle St. London EC England, United Kingdo	 :1A7JA	] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	L.			Change	Additio
THEE NAME SARGET ADDRESS OILY: ST. ZIE	D WILSON, BRIAN R 16-25 BASTWICK ST. LONDO ENGLAND, UNITED KINGDO	ON EC1V3PS	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S	ADDRESS			Change	Additio
THE NAME STREET ADDRESS			DELETE	6.1 TITLE 6.2 NAME 6.3 STREET 6.4 City-5	ADDRESS			Change	Additio

4. 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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISPLACE

3/20/97

Davime Phone #