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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 21 PM 2:45

DOCUMENT # P93000066557 (8)

1. Corporation Name
CPS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5748 WINDBER CT PALM HARBOR FL 34685 US	5748 WINDBER CT PALM HARBOR FL 34685 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 2035 N. Pointe Alexis Dr	26 2035 N. Pointe Alexis Dr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tarpon Springs FL	28 Tarpon Springs FL
24 Zip 34689 25 Country Pinellas	29 Zip 34689 30 Country 34689

4. FEI Number: 59-3202888 ☐ 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

GELLER, JACK J
2560 GULF TO BAY BLVD.
STE. 300
CLEARWATER FL 34625

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	HANNAN, JOSEPH	1.2 NAME	HANNAN, Joseph
STREET ADDRESS	5748 WINDBER CT	1.3 STREET ADDRESS	2035 North Pointe Alexis Dr
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	HANNAN, MARGARET	2.2 NAME	HANNAN, MARGARET
STREET ADDRESS	5748 WINDBER CT	2.3 STREET ADDRESS	2035 North Pointe Alexis Dr
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Joseph E. Hannan 2/15/95 813-942-9924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph E. Hannan

03/3702 CP