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 CORPÓRATIONS

FILED May 16 1997 8:00am Secretary of State

4120/02 /00x 396-9914

| 1. Corporation Name | P93000066811 | (9) |
|---------------------|--------------|-----|
| CP SERVICE CORP. | | |

Principal Place of Business Mailing Address 3728 PHILLIPS HWY. 9728 PHILLIPS HWY. SUITE 39 SUITE 39 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-6840 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3206673 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 92 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 29 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Namo PHILLIPS, PHILIP B JR. 3728 PHILLIPS HWY. Street Address (P.O. Box Number is Not Acceptable) **SUITE 39** 83 JACKSONVILLE FL 32207 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE Addition Change 11 1011 TITLE PHILLIPS, PHILIP B JR. NAME 1.2 NAME 3728 PHILLIPS HWY., #39 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 1,4 \$ITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 1011 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 \$TREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4 2 NAME 4.3 \$TREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 ¢ITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP thit his filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ry imental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that of deliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attacking it with an address. 14. I do hereby certify that the information emplies information indicated on this an yal/oport or suppliam an officer or offector of the confirmation or the appears in Block (2 or Block /3) if Manged, or of