FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034497 (5)

1. Corporation Name
COMMUNICATIONS PROCESSING, INC.

Principal Place of Business	Mailing Address
4512 W. ORIENT ST. TAMPA FL 33614	4512 W. ORIENT ST. TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3018 U.S. HWY. 301	26 3018 U.S. HWY. 301
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 TAMPA FL.	City & State 28 TAMPA, FL.
Zip 24 33619 Country 25 U.S.A.	Zip 29 33619 Country 30 U.S.A.

4. FEI Number: 59-324 3240 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERNANDES, ERWIN 150 PALM CR. ALTAMONTE SPRINGS FL 32714	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: ERWIN FERNANDES SEC/TREAS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST	1.1 TITLE	☐ Change ☐ Addition
NAME	FERNANDES, ERWIN	1.2 NAME	
STREET ADDRESS	150 PALM CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KATZMAN, STEVEN	2.2 NAME	
STREET ADDRESS	11210 ST. ANDREWS CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☒ Change ☐ Addition
NAME	POMPEO, JOSEPH	3.2 NAME	
STREET ADDRESS	4515 DEVEONSHIRE RD.	3.3 STREET ADDRESS	4515 DEVONSHIRE Rd.
CITY-ST-ZIP	TAMPA FL 33634	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 Pompeo JOSEPH J. POMPEO 2-16-95 813 626 7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0298430 CP