

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0013203

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 19 JUL 19 PM 3:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000044084  
 1. Corporation Name  
 COMMUNICATION PROBLEM ANALYSTS GROUP, INC.



Principal Place of Business: 2155 VAN ARSDALE ST OVIEDO FL 32765  
 Mailing Address: 2155 VAN ARSDALE ST OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		06/14/1994		59-3254440		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75		Additional Fee Required	
22		27		<input type="checkbox"/>		5.00		May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00		May Be Added to Fees	
23		28		<input type="checkbox"/>		5.00		May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/>		Yes <input type="checkbox"/> No	
24	25	29	30						

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ALTERMAN, LEONARD 9116 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOE KURZBAN	12 NAME	
STREET ADDRESS	2155 VAN ARSDALE ST	13 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	KRIS KIRK
STREET ADDRESS		23 STREET ADDRESS	620101 UNIT #
CITY-ST-ZIP		24 CITY-ST-ZIP	OVIEDO, FL 32765
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	700002948327
STREET ADDRESS		43 STREET ADDRESS	-08/03/99-01005-019
CITY-ST-ZIP		44 CITY-ST-ZIP	***150.00 ***150.00
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ DATE: July 19, 1999. DAYTIME PHONE: \_\_\_\_\_

CR2E034 (5/99)



COMMUNICATION  
PROBLEMS  
ANALYSTS GROUP, INC.

1545 Sunbow Falls/107  
Raleigh, NC 27609  
NC 919-872-6016  
FL 407-263-4313

2  
2155 Van Arsdale St.  
Oviedo, FL 32765  
FL 407-263-4313  
NC 919-872-6016  
FAX 359-9210  
407-359-9210

Florida Department of State  
409 Gaines street  
tallahassee, Florida,

July 19, 1999.

Dear Kim Rolfe,

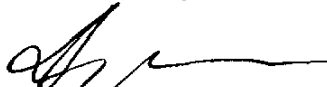
A few days after our telephone discussion I received the 1999 annual report form. You mentioned that it would be better to send the mail special delivery because, the previous envelope that was sent to Sharon at 409 Gaines street is apparently lost.

Please note that a check for one hundred fifty is enclosed. I still have not received the first check that was sent out so after our discussion I notified my bank.

I really appreciate that you are working with us on this matter.

Thank you.

Sincerely,

  
Kurtzban,