

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000072960 (5)

1. Corporation Name

COMMUNICATIONS PROCESSING SYSTEMS, INC.



Principal Place of Business

Mailing Address

3018 US 301 N
SUITE 300
TAMPA FL 33619

3018 US 301 N
SUITE 300
TAMPA FL 33619

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 8140 W. WATERS AVE.

26 8140 W. WATERS AVE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 SUITE C

27 SUITE C

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Zip

24 33615

29 33615

Country

Country

25 HILLSBOROUGH

30 HILLS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POMPEO, JOSEPH J
4515 DEVONSHIRE RD
TAMPA FL 34634

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME
PVST
POMPEO, JOSEPH J
3018 US 301 N SUITE 300
TAMPA FL 33619

DELETE

STREET ADDRESS
CITY- ST- ZIP

TITLE

NAME
D
POMPEO, JOSEPH J
3018 US 301 N SUITE 300
TAMPA FL 33619

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STREET ADDRESS
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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 813-249-6277

DATE

Telephone #

CR2E034 (12/95)