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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000005386 (3)

1. Corporation Name
COMMUNICATION SCIENCES GROUP, INC.

Principal Place of Business

109 SURF DR
COCOA BEACH FL 32931

Mailing Address

P O BOX 61-0400
NORTH MIAMI FL 33261-0400



3. Date Incorporated or Qualified

01/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 445 POINCIANA ISLE

Suite, Apt. #, etc.

22 City & State

23 NORTH MIAMI BEACH, FL

Zip

24 33160

Country

25 DDC

2a. Mailing Address

26 P.O. BOX 61-0400

Suite, Apt. #, etc.

27 City & State

28 NORTH MIAMI, FL

Zip

29 33261-0400

Country

30 DDC

4. FEI Number

65-0634 534

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

GLUCHOWSKY, BOBBE
109 SURF DR
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

LINO G. MORRIS

82 Street Address (P.O. Box Number is Not Acceptable)

445 POINCIANA ISLAND

83

84 City

NORTH MIAMI BEACH

FL

85 Zip Code

33160

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)

DATE

LINO G. MORRIS

15-MARCH-97

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR
NAME GLUCHOWSKY, BOBBE
STREET ADDRESS 109 SURF DR
CITY - ST - ZIP COCOA BEACH FL 32931

TITLE DIRECTOR
NAME MIDDLETON, JAMES F
STREET ADDRESS 206 SE 41ST ST
CITY - ST - ZIP OCALA FL 32670

TITLE PRESIDENT
NAME LINO G. MORRIS
STREET ADDRESS 445 POINCIANA ISLE
CITY - ST - ZIP NORTH MIAMI BEACH, FL 33160

TITLE SECRETARY
NAME BOB DAVID PORTER
STREET ADDRESS 940 SW 94 AVE.
CITY - ST - ZIP PLANTATION 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINO G. MORRIS

15-MARCH 97 305/940-8000

CR2E034 (9/96)