

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S32617 (0)

1. Corporation Name  
CPSP, INC.

Principal Place of Business

3056 S SR 7  
STE 48  
MIRAMAR FL 33023  
US

Mailing Address

3056 S SR 7  
STE 48  
MIRAMAR FL 33023  
US



3. Date Incorporated or Qualified 02/13/1991	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0253234	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

WALDEN & BROWN, P.A.  
1225 SOUTHEAST 2ND AVE  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81. Name Charles A. Philipp	85. Zip Code 33023
82. Street Address (P.O. Box Number is Not Acceptable) 630 SW 66TH TERRACE	
83. City & State Pembroke Pines FL	

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: *Charles A. Philipp*, Charles A. Philipp, President, 3/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	
NAME	PHILIPP, SHEILA K.	1.2 NAME	
STREET ADDRESS	630 SW 66 TERR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PEMBROKE PINES FL	1.4 CITY-STATE-ZIP	
TITLE	DP	2.1 TITLE	
NAME	PHILIPP, CHARLES A.	2.2 NAME	
STREET ADDRESS	630 SW 66 TERR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PEMBROKE PINES FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	400001856784
STREET ADDRESS		4.3 STREET ADDRESS	-06/10/96--01017--025
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	***225.00
TITLE		5.1 TITLE	
NAME		5.2 NAME	300001856783
STREET ADDRESS		5.3 STREET ADDRESS	-06/10/96--01017--024
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	***8.75
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Charles Philipp*, Charles Philipp, 3/25/96

Date

Daytime Phone

CR2E034 (12/95)