## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name CPSP, INC. Principal Place of Business Mailing Address 3056 S SR 7 3056 S SR 7 **STE 48 STE 48** MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0253234 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζίρ Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILIPP. CHARLES A 630 SW 66TH TERR. 82 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33023 83 City 84 Zip Code Pursuant to the provisions of Soctions 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 little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition PHILIPP, SHEILA K. NAME 1.2 NAME **630 SW 66 TERR** STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-\$1-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change \_\_\_ Addition PHILIPP, CHARLES A. NAME 22 NAME 630 SW 66 TERR STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP TITLE DELETE Change 41 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change \_\_ Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

CITY-ST-ZIP 6.4 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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

4/27/98

9549643814

Change

Addition