

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S60821** (3)

1. Corporation Name
COMMUNICATION SYSTEMS PLUS, INC.

Principal Place of Business Mailing Address
**8800 NW SOUTH RIVER DR
STE 245
MEDLEY FL 33106
US** **8180 N.W. 183RD ST.
P.O. BOX 170138
MIAMI LAKES FL 33015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1991	3a. Date of Last Report 04/08/1994
4. FEI Number 65-0275303	Applied For <input type="checkbox"/> 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. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt # etc •	Suite, Apt #, etc
22 City & State	27 City & State
23 Zip # Country	29 Zip Country
24	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RABIDOUX, DORY H. 8180 N.W. 183RD ST. MIAMI LAKES FL 33015				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City

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 _____ DATE _____
(Signature listed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D President	RABIDOUX, DORY H.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8180 NW 183RD ST	1.2 NAME	
STREET ADDRESS	MIAMI LAKES FL	1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE Vice President	Nelsen, Chandler	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 West 64 Street	2.2 NAME	
STREET ADDRESS	Hialeah, FL. 33012	2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE Comptroller	Nelsen, Roseanne	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 West 64th Street	3.2 NAME	
STREET ADDRESS	Hialeah, FL. 33012	3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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 110.07(3)(b), 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: *Roseanne Nelsen* **4/4/95** **305/888-8852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)