

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 # **S60821 (3)**

1. Corporation Name
COMMUNICATION SYSTEMS PLUS, INC.



Principal Place of Business: **8600 NW SOUTH RIVER DR STE 245 MEDLEY FL 33166 US**
Mailing Address: **8180 N.W. 183RD ST. P.O. BOX 170138 MIAMI LAKES FL 33015**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
2a. Mailing Address
26 **6611B SW 137 CT**
27 Suite, Apt. #, etc.
28 City & State
29 **Miami, FL**
30 Zip Country
31 **33186 Dade**

3. Date Incorporated or Qualified: **06/12/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0275303**
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
**RABIDOUX, DORY H.
8180 N.W. 183RD ST.
MIAMI LAKES FL 33015**

10. Name and Address of New Registered Agent
81 Name: **Dory Rabidoux**
82 Street Address (P.O. Box Number is Not Acceptable): **6611B SW 137 CT**
83
84 City: **Miami** FL 85 Zip Code: **33186**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	RABIDOUX, DORY H.	
STREET ADDRESS	8180 NW 183RD ST	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VP	<input type="checkbox"/>
NAME	NELSON, CHANDLER	
STREET ADDRESS	31 WEST 64 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	C	<input type="checkbox"/>
NAME	NELSEN, ROSEANNE	
STREET ADDRESS	31 WEST 64TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Vice President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Rabidoux, Dory		
1.3 STREET ADDRESS	6611B SW 137 CT		
1.4 CITY-ST-ZIP	Miami, FL. 33186		
2.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	NELSEN, Chandler		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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, or on an attachment with an address.

SIGNATURE: Roseanne Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR