

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

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AND
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**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

1997 SEP -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 560821
1. Corporation Name

Communication Systems Plus, Inc.

Principal Place of Business Mailing Address
**5001 SW 74 CT.
Suite 102
Miami, FL. 33155** **same**

3. Date Incorporated or Qualified 6/12/91	3a. Date of Last Report
4. FEI Number 65-0275303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**Chandler A. Nelsen
15260 SW 158th ST.
Miami, FL. 33187**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number)	83	84 City	85 Zip Code
	300002334023--0	-09/16/97--01027--017		
		****165.00 ****165.00	FL	

11. Pursuant to the provisions of Sections 607.0402 and 607.0408, 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 *Roseanne M. Nelsen* (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Chandler A. Nelsen	
STREET ADDRESS	15260 SW 158 XT.	
CITY-ST-ZIP	Miami, FL. 33187	
TITLE	Vice-Pres.	<input type="checkbox"/> DELETE
NAME	Dory H. Rabidoux	
STREET ADDRESS	6611 B SW 137 CT.	
CITY-ST-ZIP	Miami, FL. 33183	
TITLE	Comptroller	<input type="checkbox"/> DELETE
NAME	Roseanne Nelsen	
STREET ADDRESS	15260 SW 158 ST	
CITY-ST-ZIP	Miami, FL. 33187	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*165.00
9/16/97*

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: *Roseanne M. Nelsen* ROSEANNE M. NELSEN 8/21/97 305-666-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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COMMUNICATION SYSTEMS PLUS, INC.

Installs, Sales, Service & Maintenance

5001 SW 74th Ct., Suite 102
Miami, FL 33155
Ph. (305) 666-9668
Fax (305) 666-9983

Florida Department of State
Divison of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL. 32314

Attn: Stacey Prather,
Document Specialist

August 21, 1997

Dear Ms. Prather,

Thank you for your rapit reply to my letter, it is a great feeling my letter got answered so quickly.

Explanation to this letter of resubmit -

We moved our office and never received a renewal notice. Did send letters prior to our move with new address information - but was never answered, or records were never changed. Have enclosed a letter that I did send requested this be done.

Please if I need be further assistance, Please do not hesitate to contact me,

Thank you in advance for your prompt attention to this matter.

My Regards,

Dory H. Rabidoux
Vice President
Communication Systems Plus, Inc.

PS? Will I be penelized for this ?