

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 APR 19 PM 4:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S81606 (3)

1. Corporation Name

C.P.I. MANUFACTURING CO., INC.

Principal Place of Business

**5923 RAVENSWOOD ROAD
STE G-9
FT. LAUDERDALE FL 33312
US**

Mailing Address

**5923 RAVENSWOOD ROAD
G-9
FT. LAUDERDALE FL 33132
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0299259

Applied For

☐ Not Applicable

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

2. Principal Place of Business

21 5937 RAVENSWOOD RD

2a. Mailing Address

26 (SAME AS 2)

Suite, Apt. #, etc.

22 STE H-3

Suite, Apt. #, etc.

27

City & State

23 FT. LAUDERDALE FL

City & State

28

Zip

24 33312

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SCHUR, ROBERT
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131-2808**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 title if applicable

(NOTE: Registered Agent signature req and when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BENBASAT, STEVEN
5923 RAVENSWOOD RD, BAY G-9
FT. LAUDERDALE FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
WANTMAN, GREG
5923 RAVENSWOOD RD, BAY G-9
FT. LAUDERDALE FL 33312**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5937 RAVENSWOOD RD, H-3

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5937 RAVENSWOOD RD, H-3

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 110.07(3)(4), 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, or on an attachment with an address.

SIGNATURE:

STEVEN BENBASAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 305-961-9100
DATE DAYTIME PHONE #