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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S81606

(3)

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

FILED Apr 21 1997 8:00am Secretary of State



STE H3 FT. LAUDERDA US  2. Principal P. 21 Suite, Apt 22 \$ \( \) \( \) \( \) \( \) \( \)	ace of Business	STE H3 FT. LAUDERDALE FL 33312-6668 US  2a. Mailing Address 25 Suite, Apt. #, etc.		09/1 4. FEIN 65	<ul> <li>3. Date Incorporated or Qualified 09/19/1991</li> <li>4. FEI Number 65-0299259</li> <li>5. Certificate of Status Desired</li> </ul>		3a. Date of Last Report 04/26/1996 Applied For Not Applicable \$8.75 Additional Fee Required		
City & State	e	Sity & State		l l	ion Campaign Financing	<u></u>		May Be	
23 7 ·	Country	710	Coultry		Fund Contribution corporation has liability for i	intangible te		to Fees	
24 333		29	30	Florid	da Statutes	Yes 🔲	No	1. 133.002,	
	9, Name and Address of Curre	nt Registered Agent	1 Name		e and Address of New Re	gistered Ac	jent		
501 SUI	iur, robert Brickell Key Drive Te 300 Mi Fl 33131-2608	· · · · · · · ·	3 City		ox Number is Not Acceptab	FL		Code	
office or r agent. I a SIGNATURE		te of Florida. Such change wa gations of, Section 607.0505. gent and title Fapplicable (N ND DIRECTORS	s authorize by the co Florida States.	poration's board	mits this statement for the p of directors. I hereby accep ing) IONS/CHANGES TO OFFIC	DATE ERS AND D	ntment as	RS IN 12	
DITLE NAME STREEL ADDRESS CITY: \$1: 71P	PTD BENBASAT, STEVEN 5937 RAVENWOOD RD, H3 FT. LAUDERDALE FL	DELETE	1.1 TI 1.2 N 1.3 S) ET ADDRESS 1.4 CI ST-ZIP	5945	PAVENSWOOD P	_	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VSD WANTMAN, GREG 5937 RAVENWOOD RD, H3 FT. LAUDERDALE FL	☐ DELETE	2.1 TH 2.2 NAME 2.3 STÆET ADDRESS 2.4 CHT-ST-ZIP	5945	LAWENS WOOD	Po, H		Addition	
TITLE  AME  STREET ADORESS  STREET Y-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		,		Change	Addition	
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THUE NAME STREET ADDRESS CITY - ST - Zip		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				Change	Addition	
TIFLE  NAME  STREEL ADDRESS  City-St-Zip		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				Change	☐ Addition	

. 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 apport is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation of the properties of the corporation of the

REGULTED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/27

954.961-9100

ne Phone #