

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90005 045 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000001868**

1. Corporation Name  
**CPM MERGER CORPORATION**



Principal Place of Business 2401 PGA BLVD., SUITE 172 PALM BEACH GARDENS FL 33410	Mailing Address 2401 PGA BLVD., SUITE 172 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/01/1998**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

4. FEI Number <b>62-1733492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIARDINI, CARMINE	
STREET ADDRESS	2401 PGA BLVD SUITE 172	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GIARDINI, SHEILA	
STREET ADDRESS	2401 PGA BLVD SUITE 172	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DONOVAN, JUDITH K	
STREET ADDRESS	2401 PGA BLVD SUITE 172	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCRUGGS, PATRICK A	
STREET ADDRESS	305 HARTMANN DR.	
CITY-ST-ZIP	LEBANON TN 37088-0787	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLACKSTOCK, JAMES F	
STREET ADDRESS	305 HARTMANN DR.	
CITY-ST-ZIP	LEBANON TN 37088-0787	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ZYLSTRA, MICHAEL J	
STREET ADDRESS	305 HARTMANN DR.	
CITY-ST-ZIP	LEBANON TN 37088-0787	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Thomas J. Thornton, Jr.	
1.3 STREET ADDRESS		2401 PGA Blvd., Suite 172	
1.4 CITY-ST-ZIP		Palm Beach Gardens, FL 33410	
2.1 TITLE	VT	Vice President & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Michael A. Woodhouse	
2.3 STREET ADDRESS		305 Hartmann Drive	
2.4 CITY-ST-ZIP		Lebanon, TN 37087	
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			

14. I 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: James F. Blackstock 29 July 99 615.443.9180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)