

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1994-1995		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name CPI AUTOMOTIVE INC.		DOCUMENT # M82285 (1)	
Mailing Address 1229 WEST GORE STREET ORLANDO FL 32805		Principal Place of Business 1229 WEST GORE STREET ORLANDO FL 32805	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 05/20/1988		3a. Date of Last Report 07/23/1993	
2. Mailing Address 21 Suite, Apt. #, etc.		4. FEI Number 59-2887289	
22 City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
23 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	
25 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26 Country		27 Country	
28 Country		29 Country	
29 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, JOAN R. 725 FRIAR RD. 5432-6 E. Michigan St WINTER PARK FL 32702 Orlando FL 32812		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 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)		DATE:	
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	G/M	1.1 TITLE	
1.2 NAME	HUTCHINSON, C. L.	1.2 NAME	
1.3 STREET ADDRESS	300 DUBSDREAD CIR	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
2.1 TITLE	D/S/T	2.1 TITLE	
2.2 NAME	DAVIS, JOAN R.	2.2 NAME	
2.3 STREET ADDRESS	725 FRIAR RD. 5432-6 E Michigan St	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	WINTER PARK FL Orlando FL 32812	2.4 CITY - ST - ZIP	
3.1 TITLE	D/V	3.1 TITLE	
3.2 NAME	THOMAS, ASHWOOD C.	3.2 NAME	
3.3 STREET ADDRESS	3583 ST AUGUSTINE ROAD	3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	JACKSONVILLE FL 32200	3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: JOAN R. DAVIS		SIGNATURE: JOAN R. Davis, Sec/Treas.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	