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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

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FILED
May 19 1997 8:00am
Secretary of State

1. Corporation Name CPI INTERNATIONAL, INC.  Principal Place of Business 728 E TRINDAD AVE GLEWISTON FL 33852 US  Mailing Address 728 E TRINDAD AVE GLEWISTON FL 33440-3924 US									
••					3. Date Incorporated 12/22/1992	or Qualified		e of Las	st Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·			Applied For
1	•	26			65-0383347				Not Applicat
Suite, Apt.	t. #, etc.	Suite, Apt. #, etc			5. Certificate of Status	s Desired			5 Additional Required
City & Stat	ite	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Election Campaign Trust Fund Contribu	•			DO May Be ed to Fees
Zip	Country	Zip	<u> </u>	intry	8. This corporation ha	s liability for in	ntangible t	ax unde	
4	9. Name and Address of Cu	reent Registered Agent	30	1	Florida Statutes  10. Name and Addres		Yes _		
		Intell tredistoled Adelit	<del></del>	81 Name	IV. Name and Addres	S OI HOW HOS	IISTALOU Y	Gent	<u></u>
5W	VINDLE, JAMES 2 BAY BERRY LOOP						·		
	EWISTON FL 33440			62 Street A	ddress (P.O. Box Number is I	Not Acceptabl	e)		
O.M.	PHILIPPINI I B AGAIR			83	· · · · · · · · · · · · · · · · · · ·		·		
				84 City				lee 7	ip Code
				- 1			FL	-	•
		bligations of, Section 607.050	was authorize 5, Florida Sta	d by the corpo tutes.	orporation submits this state oration's board of directors. I	nereby accep	. tilo uppo		
SIGNATURE	Signature typed or printed name of registere	ed agent and title if applicable.  AND DIRECTORS	(NOTE Registere	d Ageni signature re	oration's board of directors. I equired when reinstating) ADDITIONS/CHANG	, <del>, , , , , , , , , , , , , , , , , , </del>	DATE ERS AND	DIRECT	ORS IN 12
SIGNATURE 12. THE	Signature typed or printed name of registers OFFICERS PTSD	ed agent and title if applicable.	(NOTE Registere	d Ageni signature re	equired when reinstating) ADDITIONS/CHANG	ES TO OFFICI	DATE ERS AND	<del></del>	ORS IN 12
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4. 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 supplier fitted annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation or the progression annual report is true amounted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or on unstatchment with an address.

SIGNATURE:

SIGNATURE AND WED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

97 941-483-3171 Daytime Phone #