

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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>093000027400</u>	
1. Corporation Name <u>CPM INVESTMENTS, INC.</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG -2 AM 8:46

Principal Place of Business <u>Pompano Beach, FL</u> <u>(3408 Leigh St.)</u>	Mailing Address <u>30 17th St.</u> <u>Cayucos, CA 93430</u>
2. Principal Place of Business 21 Suite, Apt. #, etc. <u>3408 Leigh St</u>	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State <u>Pompano Beach, FL</u>	27 City & State
23 Zip <u>33062</u>	28 Country <u>USA</u>
24	29

REINSTATEMENT 98-95	
DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <u>04/09/93</u>	
4. FEI Number <u>58-2195294</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <u>Phillip H. Maxwell</u> <u>3408 Leigh St.</u> <u>Pompano Beach, FL</u> <u>33062</u>	
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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 607.1508, 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 <u>[Signature]</u> DATE <u>7/1/99</u>	
(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	
63 STREET ADDRESS	
64 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, with all other like empowered.	
SIGNATURE: <u>Carol Maxwell</u>	6/30/99 (805) 995-0294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (11/98)