FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # P9300039167 1. Entity Name CEC International, Inc.					Secretary of State 04-09-2002 90737 008 ***150.00
	OO NOT WRITE	IN THIS SPA	ACE		
2. Principal Place of Business		3. Mailing Address P.O. BOX/010		-	B0061893
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & State		City & State			El Number Applied For Not Applicable
Zip	Country	32328	CountrUSA	5. 0	Certificate of Status Desired Securificate of Status Desired Fee Required
	<u>ulu</u>		Name A	7. Na	me and Address of Current Registered Agent
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SPA	ACE	12	<u>O</u> i	STORY
خ د ماند ماند ماند ماند ماند ماند ماند مان			City Apalachicola FL 332320		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE _	Signature, typed or printed name of registered agent and	Propulation (NOTE: Re	gistered Agent signature requir	red when re	3/5/02 instating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Sta		tate	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND DI	RECTORS	TITLE		
NAME STREET ADDRESS CITY-ST-ZIP	Chery/Cianciolo	.32328	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADORESS	Vice President Voita Exterson	Isol	TITLE NAME STREET ADDRESS		
CITY-ST-ZIP TITLE	Gorden Grove, C	A, 92841	CITY-ST-ZIP TITLE		
NAME STREET ADORESS CITY-ST-ZIP	Robert L. Lane	CPA POB777 32328	NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shaun S. Donak 17/2 Ave, E. POR	vol (officer) 666 32 329	TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manuer wy 1		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		119.07(3)(i), Florida Statutes. I further certify that the information

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

CICNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

408-829-6735