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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # 1. Corporation Name
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73	SEREPORT 996		retary of Sta DF CORPOR				
DOCUM  1. Corporation N  CEMET	IENT # v59006 CERY RESALE INTERNA	TIONAL, INC.					
					1		
Principal Place o		Mailing Address	OVERC	HOBEE ROAD			
	OKEECHOBEE ROAD	SUITE 50		MODEL NOIS			
SUITE 50	)8 .v. pp.kom pm - 33/00		LM BEAC	H, FL 334	9. Date Incorporated or Qualified	3a. Date o	of Last Report
WEST PAI	LM BEACH, FL 33409	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			08/19/1992 4. FEI Number	<u></u>	04/05/95
2. Principal Plac	pe of Business	2a. Mailing Address					Applied For Not Applicable
1		26			65-0351835		\$8.75 Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>X</b>	Fee Required
2		City & State			6. Election Campaign Financing		\$5.00 May Be
City & State		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	C	ountry	8. This corporation has liability for i	ntangible tax	under s. 199.032,
24	25	29	30		Florida Statutes Yes  10. Name and Address of New R		
	9. Name and Address of Curre	nt Registered Agent		81 Nanie	To. Walle and Address of The	- <b>3</b> · · · · · · · · · · · · · · · · · · ·	
MICHAEL	R. LANG				ess (P.O. Box Number is Not Acceptab	le)	
1860 OL	D OKEECHOBEE RD.,	SUITE 508		82 Street Addr	ess (F.O. Box Marities is Not Acceptain		
WEST PA	LM BEACH, FL 3340	9		83			
				84 City			85 Zip Code
•						FL	
11. Pursuant to or registere familiar will	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor n, and accept the obligations of, Sec	//2 and 607.1508, Monda St rida: Such change was auth rtion 607.0505. Florida Stat	norized by the	ne corporation's boa	ration submits this statement for the pured of directors. I hereby accept the app	ointment as	registered agent. I am
					Chaber renetation	DATE	
SIGNATURE _	Signature, typod or ported have of regularist age	en and the day end o	ருகள் <mark>ட</mark> ் Regist	ered Agent signature negani		DATE ICERS AND	DIRECTORS IN 12
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SIGNATURE _ 12. TIFLE	Signature typod or printed times of my decisions of OFFICE HS AI	ND DIRECTORS	(t. ) it floges	erod Agent signature require	Chaber renetation	DATE ICERS AND	DIRECTORS IN 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07 (a)(i), and felect as if made undecertify 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 undecertify 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 undecertify 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 undecertify that the information indicated on this annual report or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Biock 12 or Biock 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR chael R Lang

96 (407) 684-2227