1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

CEMETERY RESALE INTERNATIONAL INC.

	HI HESALL HATEHMATIONA	AL, IIVO								
Principal Place	of Business	Mailing	Address				t (MAI) Althas Ating laint bhiti a	ties and south	(\$14 Brasi arbii a	
1860 OLD OKEECHOBEE ROAD SUITE 508		1860 OLD OKEECHOBEE ROAD SUITE 508 WEST PALM BEACH FL 33409					DO NOT WRI	ITE IN THIS	SPACE	
WEST PALM BE	ACH FL 33409	WEST 77	ALM BEACH PL 339		<u> </u>		 Date Incorporated or Qualifed 08/19/1992 			
2. Principal Pl	ace of Business	2a. Mail	ing Address				4. FEI Number			plied For
21		26					65-03518 <u>35</u>			t Applicable
Suite, Apt. a	#, etc.	Suite 27	e, Apt. #, etc.	-		-	5. Certificate of Status Desired	₫-	\$8.75 A	
City & State		City	City & State				6. Election Campaign Financing		\$5.00	
23		28					Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	٠.	Count	ry		8. This corporation owes the cur	rent year Int		
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered	Agent				10. Name and Address of New	Registered	Agent	
				8	1 Name					
	Hael R. Lang I Old Okeechobee Rd., Suite	508		8	Street A	Address	(P.O. Box Number is Not Accept	able)		
SUIT	E 207			8	33					
WES	T PALM BEACH FL 33409			8	4 City				85 Zip (Code
								FL	<u> </u>	
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.15	08, Florida Statute	es, the abo	ve-named c	corpora ration's	ition submits this statement for the	ot the appo	intment as re	gistered
office or re	m familiar with, and accept the obligat	tions of, Sect	ion 607.0505, Flor	rida Statute	es.	i allori c	S DOME OF THE CLORE. I HELEDY BODE			
office or re agent. I an SIGNATURE	m familiar with, and accept the obligat	itions of, Sect	tion 607.0505, Flor	nda Statute	es. 					
office or re agent. I an	m familiar with, and accept the obligat	nt and title if applic	able. (NOTE:	: Registered A	gent signature re		nen reinstating)	DATE		
office or reagent. I as SIGNATURE	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applic	able. (NOTE:	: Registered A	gent signature re			DATE		
office or reagent. I as	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applic	able. (NOTE:	Registered A	gent signature re		nen reinstating)	DATE	ND DIRECTO	DRS IN 12
office or reagent. I at SIGNATURE 12. TITLE NAME	m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN D DAMOORGIAN, DORIAN K.	nt and title if applic	able. (NOTE:	: Registered Ap 13. 1.1 TITLE	gent signature re		nen reinstating)	DATE	ND DIRECTO	DRS IN 12
office or reagent. I at SIGNATURE 12. IITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D DAMOORGIAN, DORIAN K. 7522 WILES RD., STE 207	nt and title if applic	able. (NOTE:	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE	gent signature re E E EET ADDRESS		nen reinstating)	DATE	ND DIRECTO	DRS IN 12
office or reagent. I as SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D DAMOORGIAN, DORIAN K. 7522 WILES RD., STE 207 CORAL SPRINGS FL	nt and title if applic	ion 607.0505, Florings (NOTE:	Registered Ar 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	es. E E E ET ADDRESS -ST-ZIP		nen reinstating)	DATE	ND DIRECTO	DRS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-ST-ZIP



25 mar 99

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90022 030 ***158.75