

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J25119

1. Corporation Name

CEDARS EAST DEVELOPMENT CORPORATION

800001836808  
-05/23/96--01044--005  
\*\*\*200.00

Principal Place of Business

Mailing Address

5100 87th St. E. 5100 87th St. E.  
Bradenton, Fl. 34202 Bradenton, Fl. 34202

2. Principal Place of Business

2a. Mailing Address

21 5100 87th St. E.

26 5100 87th ST. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bradenton, Fl.

28 Bradenton, Fl.

Zip

Country

Zip

Country

24 34202

25 USA

29 34202

30 USA

9. Name and Address of Current Registered Agent

Hogan, Patrick  
5100 87th St. E.  
Bradenton, Fl. 34202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Hunt, Robert A.  
5100 87th St. E.  
Bradenton, Fl. 34202

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPS  
Hogan, Patrick M.  
5100 87th St. E.  
Bradenton, Fl. 34202

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Hogan 4-25-96 (941) 758-2424

Date

Daytime Phone #

CR2E034 (12/95)