

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**\*FILED\***  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:04

DOCUMENT # **F67554** (8)

1. Corporation Name  
**CEDAR ACRES UNLIMITED, INC.**

Principal Place of Business  
**C/O ZUHAIR SABRA  
1115 SANDPINE CIRCLE  
TITUSVILLE FL 32796**

Mailing Address  
**C/O ZUHAIR SABRA  
1115 SANDPINE CIRCLE  
TITUSVILLE FL 32796**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/17/1982** 3a. Date of Last Report **11/14/1994**  
4. FEI Number **59-2152218** Applied For ☐  
Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SABRA, ZUHAIR  
1115 SANDPINE CIRCLE  
TITUSVILLE FL 32796**

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

1.09.95

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY ST ZIP  
DPT SABRA, ZUHAIR 1115 SANDPINE CIRCLE TITUSVILLE FL 32796  
TITLE NAME STREET ADDRESS CITY ST ZIP  
DV SABRA, TARIK 984 STE. GERMAINE VIL, QUEBEC, CANADA  
TITLE NAME STREET ADDRESS CITY ST ZIP  
S ASSHA, ANTONE 6441 JARVIS RD SARASOTA FL 34241  
TITLE NAME STREET ADDRESS CITY ST ZIP  
TITLE NAME STREET ADDRESS CITY ST ZIP  
TITLE NAME STREET ADDRESS CITY ST ZIP  
TITLE NAME STREET ADDRESS CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP

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(2)(b), 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: **ZUHAIR SABRA** JANUARY 09, 1995 (407) 383-1728  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR