## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500002841 (3)

CEDARLEAF, CEDARLEAF, & CEDARLEAF, INC.

CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.

PLANTATION FL 33324

Principa	Place of Business	Mailing Address			1 mm:+m (think timil) dimet 1981 imat		
360 WEST LARPENTEUR AVE ST. PAUL MN 55113		P.O. BOX 64717 ST. PAUL MN 55164					
US				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 06/12/1995			
2. Princ	ipal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		41-0709687	Not Applica		
Suite 22	, Apt. #, etc.	Suite, Apt. #, etc	<b>.</b>	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City 23	& State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible		
24	25	29	30	Personal Property Tax due June 30.	Yes No		
	- 11			40 Name and Address of Name Daniela			

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

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

office or ragent. I a	egistered agent, or both, in the State of Florida. Such in familiar with, and accept the obligations of, Section	change was aut 607.0505, Florid	horized by the corp la Statutes.	oration's board of direct	tors, I hereby accept the	ne appointment as	registered
SIGNATURE				· <del></del>	· · · · · ·		
	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE, F	egistered Agent signature			DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/C	CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PDC	DELETE	1.1 TITLE			Change	Addition
NAME	LARSEN, RICHARD J		1,2 NAME				
STREET ADDRESS	125 WILDWOOD BAY DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	MAHTOMEDI MN 55115		1.4 CITY - ST - ZIP				
TITLE	VDC	DELETE	2.1 TITLE			Change	Addition
NAME	DOUGHERTY, DENNIS R		2.2 NAME				
STREET ADDRESS	81 EDGECUMBE DR.		2.3 STREET ADDRESS			مين	
CITY-ST-ZIP	MAHTOMEDI MN 55115		2. 4 CITY - ST-ZIP				
TITLE	DST	DELETE	3.1 TITLE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	CEDARLEAF, JACK S II	:	3.2 NAME				
STREET ADDRESS	81 EDGECUMBE DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	MAHTOMEDI MN 55115	_	3,4. CITY - ST-ZIP_				
TITLE		DELETE	4,1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP	·			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME		ļ	6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY - ST-7IP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trusted 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** 

ELESTINES TO

1-12-98

**FILED** 

Jan 23 1998 8:00am

Secretary of State

612-488-6666

Daytime Phone # 0522314

CR2E034 (10/97)