

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



DOCUMENT # **G59950** (7)

1. Corporation Name
CEDAR BRAE, INC.

Principal Place of Business: **% WILLIAM H. JOBES JR. BOX 193 PONTE VEDRA BCH FL 32004-7193**

Mailing Address: **% WILLIAM H. JOBES JR. BOX 193 PONTE VEDRA BCH FL 32004-7193**

9 APR 1995 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21, 22, 23, 24

2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **09/19/1983**

3a. Date of Last Report: **02/09/1994**

4. FEI Number: **98-0066974**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. The corporation has liability for intangible tax under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JOBES, WILLIAM H., JR.
3 SOLANA RD
PONTE VEDRA BCH FL 32082**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is subject to the statement for the purpose of changing its registered office or registered agent, or both, in this State, as herein set forth, was authorized by the corporation's board of directors, officers, or both, and that the appointment of registered agent herein is in compliance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	DPS CHUDO, ALBIN
STREET ADDRESS	4 ORVILLE RD. SCARBOROUGH ONTARIO, CANADA
CITY	
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '94

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
NAME		
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		
NAME		
STREET ADDRESS		
CITY		
STATE		
ZIP CODE		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.021 and 119.022, Florida Statutes. I further certify that the information included 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 of this report, or as an attachment, with an address.

SIGNATURE: *A. Chudo* **A. CHUDO** **25 APR/1995** **(416) 431-0270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR