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 # G59950 1, Corporation Name CEDAR BRAE, INC.	(7)	et <u>e</u> r		
Principal Place of Business % WILLIAM H. JOBES, JR. BOX 193 PONTE VEDRA BCH FL 32004-7183	Mailing Address % William H. JOBES, JR. BOX 193 PONTE VEDRA BCH FL 32		DO NOT WRITE IN THE	
2. Principal Place of Business 21 % William H. To Bus TR Suite, Apt. #, etc.	2a. Mailing Address 26 / WILLAM II. Suite, Apt. #, etc.		09/19/1983 4. FEI Number 98-0066974 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
22 AR3 Box 209 City 8 State 23 GReeny, Lie FL Zip Country 24 32 33 1 25 MAD 150 N	27 AA3 Box 2 City & State 28 6Aeen UILLE 27 7 7 3 2 3 3 3 3 3 1		Election Campaign Financing Trust Fund Contribution This corporation owes or has paid the operation of the personal Property Tax due June 30.	\$5.00 May Be Added to Fees urrent year Intangiblo Yes No
9. Name and Address of Current JOBES, WILLIAM H., JR. 3 SOLANA RD PONTE VEDRA BCH FL 32082		83 84 City 6 Ree A	10. Name and Address of New Registers Tokes William H D ess (P.O. Box Number is Not Acceptable) 3 Box 269	A. 85 Zip Code 3237/
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 protect name of registered agent and billed applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12. OFFICERS AND TITLE DPS CHUDO, ALBIN STREET ADDRESS CITY-ST-ZIP ONTARIO CA	DELETÉ	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Section Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFLETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addilion C
TITLE NAME STREET ADDRESS CITY-ST-ZIF	□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREFT ADDRESS (3.4 City-St-Zip		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4.1 Title 4.2 NAME 4.3 STREE1 ADDRESS 4.4 CITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Spotion 119 07/3\(ii) Florida Statutos I furbor	Change Addition

Indicated on this annual report or supplied with his filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther certify that the informatio indicated on this annual report or suppliemental 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.

FILED

Jul 16 1998 8:00am

Secretary of State