

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 AUG -7 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **H15727** (1)

1. Corporation Name  
**CEDAR REALTY, INC.**

Principal Place of Business Mailing Address  
~~1015 17TH ST W~~ PALMETTO FL 34221  
1611 10TH AVE. W.  
PALMETTO FL 34221  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/06/1984** 3a. Date of Last Report **08/09/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1611 10th Ave W.** 26

4. FBI Number **59-2436925** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Palmetto, FL 34221** 27

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

City & State City & State  
23 28

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

Zip Country Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KING, CHARLES R.  
525 7TH AVE WEST  
PALMETTO FL 34221**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **CULPEPPER, REVA SUE**  
STREET ADDRESS **1611 10TH AVE., W.**  
CITY - ST - ZIP **PALMETTO FL**

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

TITLE **VPSD**  
NAME **RUSSO, FELIX L.**  
STREET ADDRESS **1611 10TH AVE., W.**  
CITY - ST - ZIP **PALMETTO FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Reva Sue Culpepper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**REVA SUE CULPEPPER**

8195  
470 95 813 729-6520