SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 AUG 15 PM 12: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H36379 (6)

1. Corporation Name
CEDAR LANDSCAPE, INC.

Mailing Address	Principal Place of Business
~~% COCHRANE & CO. CPA'S~~	~~% COCHRANE & CO. CPA'S~~
~~4 HARVARD CIRCLE, SUITE 700~~	~~4 HARVARD CIRCLE, SUITE 700~~
~~WEST PALM BEACH FL 33409-1970~~	~~WEST PALM BEACH FL 33409-1970~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business
21 P.O. BOX 1091	26 3001 161st Terr. N
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Loxatchee, Fl	City & State 28 Loxahatchee, Fl
Zip 24 33470 / Country 25 USA	Zip 29 33470 / Country 30 USA

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 07/15/1993
4. FEI Number: 59-2498440 ☐ 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MONROE, MATTHEW J.
3001 161ST TERR. N.
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P/T	1.1 TITLE	
1.2 NAME	MONROE, MATTHEW J.	1.2 NAME	
1.3 STREET ADDRESS	3001 161TH TERRACE N	1.3 STREET ADDRESS	
1.4 CITY ST ZIP	LOXAHATCHEE FL	1.4 CITY ST ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY ST ZIP		2.4 CITY ST ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY ST ZIP		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 [illegible] 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 [illegible] Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ____________________ 8/5/94 407-793-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100760