

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **L29977** (0)  
1. Corporation Name  
**CEDARS EAST FINANCIAL CORPORATION**

Principal Place of Business

2033 MAIN ST  
STE. 600  
SARASOTA FL 34327

Mailing Address

2033 MAIN ST  
STE. 600  
SARASOTA FL 34327

FILED  
Oct 01 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/13/1989</b>	
21	<b>1717 N. BAYSHORE DR.</b>	26	<b>1717 N. BAYSHORE DR.</b>	4. FEI Number <b>65-0172158</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>Suite 4032</b>		Suite, Apt. #, etc. <b>Suite 4032</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23	Zip <b>33132</b>	28	Country <b>DADE</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FUREN, MICHAEL J.**  
2033 MAIN ST  
STE. 600  
SARASOTA FL 34327

10. Name and Address of New Registered Agent

81 Name **NATHALIE HEAFEY**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**1717 N. BAYSHORE DR #4032**  
83 **MIAMI -**  
84 City **MIAMI** FL 85 Zip Code **33132**

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 *Nathalie Heafey* **NATHALIE HEAFEY** **TREASURER** **JULY 13, 1998**  
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANOUE, DENIS</b>	1.2 NAME	
STREET ADDRESS	<b>372 AVE. PRINCIPALE #103</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUEBEC, CANADA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANOUE, DENIS</b>	2.2 NAME	
STREET ADDRESS	<b>372 AVE. PRINCIPALE #103</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GATINEAU, QUEBEC, CD.</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEATTIE, LYNN</b>	3.2 NAME	
STREET ADDRESS	<b>372 AVE. PRINCIPALE #103</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GATINEAU QUEBEC, CD.</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEAFEY, NATHALIE</b>	4.2 NAME	
STREET ADDRESS	<b>372 AVE. PRINCIPALE #103</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GATINEAU QUEBEC, CD.</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathalie Heafey* **NATHALIE HEAFEY** **JULY 13, 1998** (305)530-0609

CR2E034 (5/98)