


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90108 034 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N04821					
1. Corporation Name CEDARS OF LEBANON ENTERPRISES, INC.					
Principal Place of Business P.O. BOX 4787 TAMPA FL 33677-4787			Mailing Address P.O. BOX 4787 TAMPA FL 33677-4787		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2812 N. 27th Street		26 P.O. Box 4787		08/23/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2511463	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Tampa, Florida		28 Tampa, Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33605 25		29 33677 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENGLAND, ALTHEA SMITH 1719 BEACH ST. TAMPA FL 33607				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE NAME ENGLAND, ALTHEA SMITH STREET ADDRESS 1719 BEACH ST. CITY-ST-ZIP TAMPA FL				1.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Theodore Dallas III 1.3 STREET ADDRESS 7113 - 73rd St., N. 1.4 CITY-ST-ZIP Pinellas Park, FL 33781-3807			
TITLE SD <input type="checkbox"/> DELETE NAME FORTUNE, MAMIE R STREET ADDRESS 2312 WOODRIDGE ST., N.E. CITY-ST-ZIP WASHINGTON DC 20018				2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Constantina Dallas 2.3 STREET ADDRESS 7113 - 73rd St., N. 2.4 CITY-ST-ZIP Pinellas Park, FL 33781-3807			
TITLE TD <input type="checkbox"/> DELETE NAME PATTERSON, MARJORIE J. STREET ADDRESS 913 W. ALFRED ST. CITY-ST-ZIP TAMPA FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Althea England **SIGNATURE REQUIRED** 1/9/99 (813) 253-2597
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)