

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:13

DOCUMENT # P94000067748 (1)

1. Corporation Name
CEDAR PROPERTIES, INC.

Principal Place of Business Mailing Address
**% WILLIAM STOELTZING
420 W KENNEDY BLVD
TAMPA FL 33603**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/15/1994	
22		27		4. FEI Number	Applied For
23		28		59-3277397	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		7. This corporation has liability for intangible tax under S. 199.001, Florida Statutes	
27		32		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBBINS, R JAMES JR 101 E KENNEDY BLVD SUITE 3700 TAMPA FL 33602				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	State		
				85	Zip		
				FL	33626		

11. Pursuant to the provisions of Sections 607.0507 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: *William Stoeltzing* 1/17/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2. NAME		
STREET ADDRESS	3. STREET ADDRESS		
CITY, ST, ZIP	4. CITY, ST, ZIP		
TITLE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6. NAME		
STREET ADDRESS	7. STREET ADDRESS		
CITY, ST, ZIP	8. CITY, ST, ZIP		
TITLE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	10. NAME		
STREET ADDRESS	11. STREET ADDRESS		
CITY, ST, ZIP	12. CITY, ST, ZIP		
TITLE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	14. NAME		
STREET ADDRESS	15. STREET ADDRESS		
CITY, ST, ZIP	16. CITY, ST, ZIP		
TITLE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	18. NAME		
STREET ADDRESS	19. STREET ADDRESS		
CITY, ST, ZIP	20. 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 199.001, Florida Statutes. Further, I do hereby 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. I am an officer or director of the corporation or the manager or trustee empowered to prepare this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 changed, or on an attachment, with an address.

SIGNATURE: *William Stoeltzing* 1/17/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR