FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027308 (2)

CEDARCREST HOMES, INC.

Principal Place of Business

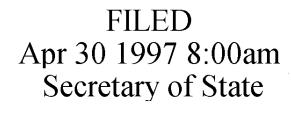
150 E, PALMETTO PARK ROAD SUITE 645

PALMETTO PARK FL 33432

Mailing Address

150 E. PALMETTO PARK ROAD SUITE 645

PALMETTO PARK FL 33432-4884





					3. Date Incorporated or Qualified 04/05/1995	3a. Date of Last Report 06/11/1996
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For
21 ISO E. PALMETTO PARK ROAD			26 150 E PALMETTO PACK ROAD		65-0583149	Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.	DATACE NO.		CO 75 Addition 1
22 Suite 525 City & State			27 Suite 535 City & State		5. Certificate of Status Desired	Fee Required
23 BOCA		, FL	28 BOXA RATON	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Zip	Country	8. This corporation has liability for i	intangible tax under s. 199.032,
24 93Y3A 25				4		Yes No
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent						
BARBAR, ANTHONY K.G. 150 E. PALMETTO PARK ROAD SUITE 645 PALMETTO PARK FL 33432				83 SULY 84 City Pec	AR, ANTHONY K. E. dress (P.O. Box Number is Not Acceptable PAIMETTO PARK ROAD HE 525 A PAIRW FL	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 by the Sule of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar and covers the abligations of, Section 607,0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when renstating) DATE OATE O						
12.		OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	-	DELETE	1.1 TITLE		Change Addition
NAME	BARBAR	, anthony K. G		1.2 NAME		
STREET ADDRESS 150 E. PALMETTO PARK ROAD			\D, # 645	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMET	TO PARK FL 33432		1.4 CITY - ST - ZIP		
TITLE	D		☐ DELETE	2.1 TITLE		Change Addition
NAME	BARBAR	, JOHN G		2.2 NAME		
STREET ADDRESS		'almetto park roa	ND, #845	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMET	TO PARK FL 33432		2. 4 Ci1Y - S1 - ZiP		`
TITLE	D		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		ROBERT A		3.2 NAME		
STREET ADDRESS		ALMETTO PARK ROA	ND, #645	3.3 STREE1 ADDRESS		
CITY-ST-ZIP	PALMET	TO PARK FL 33432		3.4. CITY-\$1-ZIP		
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		ļ
STREET ADDRESS				5.3 STREET ADDRESS		l l
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
TITLE	·		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP			_	64 CITY-ST-ZIP		

14. I do 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 supply nental 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 correlation with director or fusion with a director of the correlation with an address.