

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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000027308 (2)

1. Corporation Name  
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

21 150 E. PALMETTO PARK ROAD  
Suite, Apt. #, etc.

22 SUITE 525

City & State

23 BOCA RATON FL

Zip

24 33432

Country

2a. Mailing Address

26 150 E. PALMETTO PARK ROAD  
Suite, Apt. #, etc.

27 SUITE 525

City & State

28 BOCA RATON FL

Zip

29 33432

Country

30

4. FEI Number

65-0583149

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BARBAR, ANTHONY K.G.  
150 E. PALMETTO PARK ROAD  
SUITE 645  
PALMETTO PARK FL 33432

10. Name and Address of New Registered Agent

81 Name

BARBAR, ANTHONY K. G.

82 Street Address (P.O. Box Number is Not Acceptable)

150 E. PALMETTO PARK ROAD

83 SUITE 525

84 City

BOCA RATON FL

FL

85 Zip Code

33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BARBAR, ANTHONY K. G.  
STREET ADDRESS 150 E. PALMETTO PARK ROAD, #645  
CITY-ST-ZIP PALMETTO PARK FL 33432 ☐ DELETE

TITLE D  
NAME BARBAR, JOHN G  
STREET ADDRESS 150 E. PALMETTO PARK ROAD, #645  
CITY-ST-ZIP PALMETTO PARK FL 33432 ☐ DELETE

TITLE D  
NAME HANNA, ROBERT A  
STREET ADDRESS 150 E. PALMETTO PARK ROAD, #645  
CITY-ST-ZIP PALMETTO PARK FL 33432 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, 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 as an attachment with an address

CR2E034 (9/96)