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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037356 (7)

CEDAR HAMMOCK PROPERTIES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 1031(63) (12 121) 1231 1331 1331 1331 1331 1331 13
240 SOUTH P	HNEAPPLE AVENUE	240 SOUTH PINEAPPLE	240 SOUTH PINEAPPLE AVENUE			
TENTH FLOOR		TENTH FLOOR				DO NOT WRITE IN THIS SPACE
SARASOTA F	L 34236	SARASOTA FL 34236				3. Date Incorporated or Qualified
						04/25/1997
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0751234 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip Country		Zip	Zip Country			This corporation owes or has paid the current year Intendible
24	25	29	30	<u> </u>		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Address of New Registered Agent
	SSE LL, JEFFREY S		1	וים	Name	
) SOUTH PINEAPPLE AVENUE		Ī	82	Street Addre	ress (P.O. Box Number is Not Acceptable)
	NTH FLOOR			83		
SARA S OTA FL 34236			[53		1
				B4	City	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 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 registured agent and title if applicable (NOTE: Registered Agent signature required when reinsta						ured when reinstating) DATE
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	LETE 1.1 TITLE			Change Addition
HAME RUSSELL, JEFFREY S			1.2 NAI	ME		
STREET ADDRESS 240 SOUTH PINEAPPLE AVEN		NUE, TENTH FLOOR	•			
CITY-ST-ZIP	SARASOTA FL 34236	III occept	1.4 CIT		T-ZIP	Change
TITLE		☐ DELETE	2.1 7170			☐ Change ☐ Addition
NAME			I	2.2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CI		ST- ZIP	Change Addition
TITLE		☐ DELETE	-			
NAME			3.2 NA		annocac .	
STREET ADDRESS			3.3 STREET ADDRESS		1	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP DELETE 4.1 TITLE		51-2IP	Change Addition
TITLE			''''			Change (Normal)
NAME CTRUTT ADADGEC			4. 2 NAME 4.3 STREET ADDRESS		ADDDECC	!
STREET ADDRESS					· · ·	ļ
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 51 TITLE		1-ZIP	Change Addition
NAME			52 NAME			Sand Control of the C
1					ADDRESS	
STREET ADDRESS			5.3 STREET ADDRESS 5.4 City-St-Zip		ŀ	
CITY-ST-ZIP		DELETE	6.1 TITLE		1- ZIF	☐ Change ☐ Addition
NAME		hand 2 2 2 2 1 5	6.2 NA			
STREET ADDRESS					ADDRESS	
ļ ļ			l l	6.4 CITY-ST-ZIP		
CITY-ST-ZIP			וויט ד.ט	, 0	<u>' </u>	

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 signalure 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 attact, with an address.