COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

**GNATURE:** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

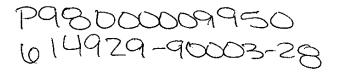
Secretary of State DIVISION OF CORPORATIONS

## FILED Sep 14, 1999 8:00 am Secretary of State 09-14-1999 90003 028 \*\*\*150.00

9/10/99

OCUMENT # P9800009950

| Corporatio   | n Name   | /003330   |  |   |                       |                    |   |        |
|--|--|---|--|---|-----------------------|--------------------|---|--------|
| EDAR LAND ACQUISITIONS, INC.                                   |  |   |  |   |                       |                    | 614929 - 90003 - 28   |        |
|  |  |   |  |   |                       |                    | · (156) 166 (16 (6) 6) (6) (6) (6) (6) (6) (6) (6) (6)  | mi-    |
|  |  |   |  |   |                       |                    |   | Ш      |
| ncipal Place of Business Mailing Address                       |  |   |  |   |                       |                    |   |        |
| VIA DELL ORO DR. 505 VIA DELL ORO DR.                          |  |   |  |   |                       |                    |   |        |
| 206 APT 206<br>MONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 327 |  |   |  | 714   |                       |                    | DO NOT WRITE IN THIS SPACE  |        |
| MONTE SPRINGS TE 32714 METAMONTE SPRINGS TE 327                |  |   |  | 14  |                       |                    | 3. Date Incorporated or Qualified   |        |
|  |  |   |  |   |                       |                    | 01/30/1998  |        |
| Principal Place of Business 2a. Mailing Ac                     |  |   | ddress                                       |   |                       |                    | 4. FEI Number Applied F   | or     |
|  |  | 26  |  |   |                       |                    | 59-3562401 Not Applic   |        |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |                       |                    | 5. Certificate of Status Desired \$8.75 Addition  | al     |
|  |  | 27  |  |   |                       |                    | Fee Required  |        |
| City & State   |  | City & State  |  |   |                       |                    | 6. Election Campaign Financing \$5.00 May Br<br>Trust Fund Contribution Added to Fees   |        |
| Zip  | Country  | <b>28</b> Zip   | Col  | intry   |                       |                    | This corporation owes the current year  |        |
| ZIP  | 25   | 29  | 30   |   |                       |                    | Intangible Personal Property. Yes No  |        |
|  | 9. Name and Address of Curre   |   | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |   |                       |                    | 10. Name and Address of New Registered Agent  |        |
|  |  |   | <u> </u>                                     | 81  | Name                  |                    |   |        |
| KHOURI, NAJI S   |  |   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |                    | ess (P.O. Box Number is Not Acceptable)   |        |
| 505 VIA DELL ORO DR.<br>APT. 206                               |  |   |  | UZ GITGET Addit                                       |                       |                    |   |        |
|  | MONTE SPRINGS FL 32714   |   |  |   |                       |                    |   |        |
| VEIV   | anomie or mindo re der 14  |   |  | 84  | City                  |                    | 85 Zip Code   |        |
|  |  |   |  |   |                       |                    | FL   24 code  |        |
| Pursuant<br>office or  | to the provisions of sections 607.050<br>registered agent, or both, in the State | )2 and 607.1508, Florida Statute<br>e of Florida. Such change was a | es, the at<br>authorize                      | ove-<br>d by  | named co<br>the corpo | orpora:<br>oration | ation submits this statement for the purpose of changing its registered<br>in's board of directors. I hereby accept the appointment as registered | 1      |
| agent. I a   | am familiar with, and accept the oblig   | ations of, section 607.0505, Fl                                     | orida Sta                                    | tutes   | i                     |                    |   |        |
| NATURE .   | Signature, typed or printed name of registered age                               | ant and title if annicable (NC                                      | OTF: Registe                                 | ared Ad   | nent signature        | e require          | red when reinstating) DATE  | -      |
|  | OFFICERS AND DIRECTORS   |   |  | 13.   |                       | •                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  | 12     |
|  | D  | DELETE  | 1.1 T(                                       | TLE   |                       | P,                 | Change Ad   | dition |
|  | KHOURI, NAJI S   |   | 1.2 N  | 1.2 NAME  |                       | •                  | •   |        |
| ET ADDRESS   |  |   | 1.3 ST                                       | 1.3 STREET ADDRESS                                    |                       |                    |   |        |
| ST-ZIP   | ALTAMONTE SPRINGS FL 32714   |   |  | 1.4 CITY-ST-ZIP                                       |                       |                    |   |        |
| 1  | D  | DELETE  | 2.1 11                                       |   | 1                     | ٧, ١               | Change  Ad  | dition |
| E  | (HOURI, HADIS  |   | 1  | 2.2 NAME<br>2.3 STREET ADDRESS                        |                       |                    |   |        |
| ET ADDRESS   | s -505 VIA DELL-ORO DRIVE, UNIT 206<br>ALTAMONTE SPRINGS FL 32714                |   |  | 1   |                       | · .                | -   |        |
| ST-ZIP   |  |   | 2.4 CITY-<br>3.1 TITLE                       |   | -ZIP                  |                    | Change Ad   | dition |
| -<br>E   | DELETE   |   |  | 3.2 NAME  |                       |                    | C orange T A  | u,uoi, |
| ET ADDRESS   |  |   | 1  |   | ADDRESS               |                    |   |        |
| ST-ZIP   |  |   | 3.4 CI                                       | 3.4 CITY-ST-ZIP                                       |                       |                    |   |        |
|  | DELETE   |   | 4.1 T)                                       | 4.1 TITLE   |                       |                    | Change Ad   | dition |
| <b></b>  |  |   | 4.2 N/                                       | AME   |                       |                    |   |        |
| ET ADDRESS   |  |   | 4.3 ST                                       | REET  | ADDRESS               |                    |   |        |
| ST-ZIP   |  |   |  | TY-ST-  | -ZIP                  |                    |   |        |
| _  |  | DELETE  | 5.1 TITU<br>5.2 NAM                          |   |                       |                    | Change Ad   | dition |
| ET ADDDESS   |  |   |  |   | ADDRESS               |                    |   |        |
| ET ADDRESS   |  |   |  | TY-ST-  |                       |                    |   |        |
| ST-ZIP   |  | DELETE  | 6.1 TITLE                                    |   |                       |                    | Change Ad   | dition |
| -<br>E   |  |   | 6.2 N  |   | - 1                   |                    |   |        |
| ET ADDRESS   |  |   |  |   | ADDRESS               |                    |   |        |
| ST-ZIP   |  |   | 6.4 CS                                       | TY-ST-  | ZIP                   |                    |   |        |
| I hereby ce  | ertify that the information supplied with  | this filing does not qualify for t                                  | he exemp                                     | otion   | stated in             | sectio             | on 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am       |        |
| an officer of  | or director of the corporation or the re   | eceiver or trustee empowered to                                     | o execute                                    | this  | report as             | requi              | uired by Chapter 607, Florida Statutes; and that my name appears  |        |
| in Block 12  | or Block 13 if changed, or on an att   | achment with an address.  |  |   |                       |                    | 0/10/00   |        |



September 8, 1999

Florida Department of State Division of Corporations Annual Reports Filing P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Document # P98000009950 Corporate Annual Report

Dear Sir or Madam:

I am in receipt of a 2<sup>nd</sup> Notice from your office requesting a 1999 Profit Corporation Annual Report for Cedar Land Acquisitions, Inc. I recently notified your office by telephone to inform you that I never received a first notice. At that time, it was confirmed that no first notice was mailed and I was advised to complete and mail the 2<sup>nd</sup> Notice along with my check in the amount of \$150.00 and a letter of explanation. Accordingly, I have enclosed the aforementioned documentation and respectfully request abatement of the \$400.00 penalty.

If you have any questions, please feel free to contact me.

Respectfully Submitted,

\_ Naji S. Khouri

President

Cedar Land Acquisitions, Inc.