

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90007 046 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S21583**

1. Corporation Name  
**CEDAR LAND, INC.**

Principal Place of Business  
 1230 HILLCREST SUITE 105 ORLANDO FL 32803

Mailing Address  
 1230 HILLCREST SUITE 105 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/27/1990**

4. FEI Number **59-3042958** 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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **501 S. NEW YORK AVE**

2a. Mailing Address  
 26 **501 S. NEW YORK AVE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State **WINTER PARK FLA**

28 City & State **WINTER PARK FLA**

24 Zip **32789** 25 Country

29 Zip **32789** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLD, ROBERT**  
**1230 HILLCREST STREET, SUITE 104**  
**ORLANDO FL 32803**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable) **501 S. New York Ave**  
 83  
 84 City **Winter Park** FL 85 Zip Code **32789**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOURI, DONALD G.	1.2 NAME	Kouri, Donald G.
STREET ADDRESS	1230 E. HILLCREST ST., STE 105	1.3 STREET ADDRESS	501 New York Ave. S.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Park, Fla 32789
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLD, ROBERT P.	2.2 NAME	501 S. New York Ave.
STREET ADDRESS	1230 E. HILLCREST ST., STE 105	2.3 STREET ADDRESS	Winter Park, Fla 32789
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kouri, Andrew
STREET ADDRESS		3.3 STREET ADDRESS	501 New York Ave. S.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Park, Fla 32789
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 signature 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 attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 8/99*  
 Date

Daytime Phone #

CR2E034 (11/98)