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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

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

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

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23 **WINTER PARK FLA**

City & State
 28 **WINTER PARK FLA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip
 24 **32789**

Zip
 29 **32789**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PSTD KOURI, DONALD G.**
 STREET ADDRESS **1230 E. HILLCREST ST., STE 105**
 CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE Change Addition
 1.2 NAME **P Kouri, Donald G.**
 1.3 STREET ADDRESS **501 New York Ave S.**
 1.4 CITY-ST-ZIP **Winter Park, Fla 32789**

TITLE DELETE
 NAME **V HOLD, ROBERT P.**
 STREET ADDRESS **1230 E. HILLCREST ST., STE 105**
 CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **501 S. New York Ave.**
 2.4 CITY-ST-ZIP **Winter Park, Fla 32789**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **STD Kouri, Andrew**
 3.3 STREET ADDRESS **501 New York Ave. S.**
 3.4 CITY-ST-ZIP **Winter Park, Fla 32789**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date

Daytime Phone #

CR2E034 (11/98)