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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$21586

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CEDAR RESIDENTIAL, INC. Proncipal Place of Business Mailing Address									
Principal Place	e of Business	Mailing Address		····	- I HABITANA IKA KEDAT KIHAN BAKBI SAKBI	III OLON ONDI DI	EN DION PIDI	<u> Silkii Hefi</u> i	
1230 HILLCREST SUITE 105		1230 HILLOREST SUITE 105	1230 HILLCREST SUITE 105						
ORLANDO FL 32803-4782 ORLANDO FL 32803-4782			2		3. Date Incorporated or Qualified	3a Dal	3a. Date of Last Report		
					12/27/1990	1	1/1996	opon	
	lace of Business	2a. Mailing Address			4. FEI Number			plied For	
21		26			59-3042960			t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional	
City & State	0	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution		Added		
- Zφ	Country	Zip	Соц	ntry	6. This corporation has liability fo	r intangible t		199.032,	
24	25 9. Name and Address of Curr	29 29 Acent	[30]		Florida Statutes 10. Name and Address of New F				
LIMI		on registered Agent		81 Name	la transa also seguent or more r	ogietotos r	.901.1		
	d, robert p.) Hillcrest street				(0.0 0 N N N N N N N N N N N N N N N N N	- L (- X		······································	
	E 104		[82 Street Add	dress (P.O. Box Number is Not Accepte	able)			
	ANDO FL 32803			63					
				84 City			85 Zip	Code	
						FL	1 .		
	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt	ligations of, Section 607,0505, I	Florida Stat	utes.					
office or reagent. Lat SIGNATURE.	Signature, typed or printed name of registered.				ulred when reinslating) ADDITIONS/CHANGES TO OFF	DATE			
SIGNATURE	Signature, typied or profed name of registered OFFICERS A	agent and title if applicable (Ni	OTE: Registered	I Agent signature raqu	uired when reinslating)	DATE			
SIGNATURE 12. TILLE NAME	Signature, typied or profed name of registered OFFICERS A PSTD KOURI, GREGORY	agent and litle if applicable (N	01E Registered 13. 1.1 TO	I Agent signature raqu LE	uired when reinslating)	DATE	DIRECTOR	IS IN 12	
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