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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **\$55433** 1. Corporation Name

CEDAR HOUSE PROPERTIES, INC.

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90052 032 ***150.00



											DEL OLDIA EBUL	
Principal Place	e of Business	Mailir	ng Address									
79 CEDAR STREET 79 CEDAR STREET												
ST. AUGUSTINE FL 32084-1311			ST. AUGUSTINE FL 32084-1311					DO NOT WRITE IN THIS SPACE				
							-	3. Date Incorporated or Qualifed				
								05/28/1991				
9 Principal DI	ace of Business	29 M	ailing Address	···.				4. FEI Number	Τ.	App	lied For	
-	ace of Dusiness	26	aming Address					65-0265735	\vdash	+	Applicable	
Suite, Apt.	# atc		uite, Apt. #, etc.				+		\$8.		dditional	
	#, Gtc.	27	ano, r ipar in , o to					5. Certificate of Status Desired	•	e Rec	I	
City & State	9		ity & State					6 Election Campaign Financing	\$5	.00	May Be	
23		28						Trust Fund Contribution			Fees	
Zip	Country		Zip Country					8. This corporation owes the current year Intangible			a	
24	25	29	•	30					Yes	Ţ	No	
24	9. Name and Address of Curren		ed Agent	.1.4-1	Γ			10. Name and Address of New Registered A	gent			
					81	Name						
THO	MAS, RUSSELL E.				-	Ot1 A	A dala	(D.O. Boy Number in Not Assentable)				
79 CEDAR STREET					82	Street Address (P.O. Box Number is Not Acceptable)						
ST. A	AUGUSTINE FL 32084-1311				83							
					84	City		FL	85	Zip C	ode	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.	1508, Florida Statu	ites, the a	bove	-named o	согрога	tion submits this statement for the purpose of	hangir	ng its i	registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	Such change was a	authonzed	י עם נ	tne como	oration's	board of directors. I hereby accept the appoint	tment a	as reg	istered	
=	m laminal with, and accept the conga	1110113 01, 01	0011017 007.0000, 1 1	onda otak							Ì	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if ap	plicable. (NOT	E: Registered	Agent	t signature re	equired wh	en reinstating) DATE				
12.	OFFICERS AN	ID DIRECT	ORS	13.				ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	Р		☐ DELETE	1.1 TE	ΠLE				Cha	ange	☐ Addition	
NAME	THOMAS, RUSSELL E.			1.2 N/	ME	1	1					
STREET ADDRESS	79 CEDAR STREET			1.3 51	REET	ADDRESS	İ					
CITY-ST-ZIP	ST. AUGUSTINE FL			1.4 CI	TY-ST	r-zip						
TITLE	VST		☐ DELETE	2.1 TI	TLE				Cha	ange	☐ Addition	
NAME	THOMAS, ANITA L.			2.2 N/	AME.						.	
STREET ADDRESS	79 CEDAR STREET			2.3 S	REET	ADDRESS			•		\	
CITY-ST-ZIP	ST. AUGUSTINE FL			2.4 C	ΠY-S	T-ZIP	i					
- TITLE			☐ DELETE	- 3.1 TI		1			Châ	nge	Addition	
NAME				3.2 N	AME							
STREET ADDRESS				3.3 ST	REET	ADDRESS	1				1	
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TI					Cha	ange	☐ Addition	
NAME				4. 2 N	AME]		•			}	
STREET ADDRESS				4.3 S	TREET	ADDRESS	İ					
CITY-ST-ZIP					TY-ST							
TITLE	-		☐ DELETE	5 1 TI					Cha	ange	Addition	
NAME				5.2 N	AME							
STREET ADDRESS				5.3 S	REET	ADDRESS					Į	
CITY-ST-ZIP				5.4 CI	TY-\$1	T-ZIP					}	
TITLE			☐ DELETE	6.1 TI			 		☐ Ch	ange	☐ Addition	
NAME				6.2 N	AME						İ	
						ADDRESS]				J	
STREET ADDRESS				I			l					

14. 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 shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ICER OR DIRECTOR