

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L36440** (0)

1. Corporation Name

NEW EDGE, INC.



Principal Place of Business

**363 INTERSTATE BLVD
SARASOTA FL 34240
US**

Mailing Address

**363 INTERSTATE BLVD
SARASOTA FL 34240
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROYLE, GERRY
1748 INDEPENDENCE BLVD C-3
SARASOTA FL 34234**

3. Date Incorporated or Qualified
12/12/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0165813

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Royle, Gerry

82 Street Address (P.O. Box Number is Not Acceptable)

363 Interstate Blvd

83

Sarasota,

84 City

Sarasota,

FL

85 Zip Code

34240

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 the applicable

Signature typed or printed name of registered agent and the applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ROYLE, GERRY	
STREET ADDRESS	363 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	☒ DELETE
NAME	ROYLE, DAN	
STREET ADDRESS	2915 DIAB ST	
CITY-ST-ZIP	ST. LAURENT, QUE, CAN	
TITLE	T	☒ DELETE
NAME	ROYLE, TRACY	
STREET ADDRESS	2915 DIAB ST.	
CITY-ST-ZIP	ST. LAURENT, QUEB CAN	
TITLE	S Vice President	☐ DELETE
NAME	ROYLE, MARGHERITA	
STREET ADDRESS	363 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Vice President ☒ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10/96

CR2E034 (12/95)