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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000003329 (0)

1. Corporation Name
EDISON-KRUZE CENTER, INC.

Principal Place of Business

Mailing Address

2229 S. OSPREY, #100
SARASOTA FL 34236

2229 S. OSPREY, #100
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1993
3a. Date of Last Report 10/18/1994
4. FEI Number 65-0451531
Applied For Not Applicable

2. Principal Place of Business
21 229 S. Osprey #103
22 Suite, Apt. #, etc. #103
23 City & State Sarasota, FL
24 Zip 34236 25 Country USA

2a. Mailing Address
26 229 S. Osprey
27 Suite, Apt. #, etc. #103
28 City & State Sarasota, FL
29 Zip 34236 30 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WUJOWICZ, MICHAEL A
5334 D'ORSAY ST.
SARASOTA FL 34236

81 Name Wujowicz, Michael A.
82 Street Address (P.O. Box Number is Not Acceptable) 5434 D'orsay St.
83
84 City Sarasota FL 85 Zip Code 34232

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 *Michael A. Wujowicz* Michael A. Wujowicz, VD 3/1/95
Signatures, 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 PD
NAME CARLSON, RAY
STREET ADDRESS 416 CENTRAL AVE.
CITY-ST-ZIP SARASOTA FL 34236

TITLE VD
NAME WUJOWICZ, MICHAEL A
STREET ADDRESS 5434 D'ORSAY ST
CITY-ST-ZIP SARASOTA FL 34232

TITLE STD
NAME MC CLOUD, JAMES E
STREET ADDRESS P.O. BOX 12178 N/A
CITY-ST-ZIP SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD Change Addition
1.2 NAME SEWARD, Charles M.
1.3 STREET ADDRESS 229 S. Osprey # 103
1.4 CITY-ST-ZIP Sarasota, FL 34236

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (above) on an attachment with an address.

SIGNATURE: *Michael A. Wujowicz* Michael A. Wujowicz, VD 3/1/95 951-2022x5243
Signature and typed or printed name of signing officer or director. Date Daytime Phone #