

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000038257 (9)

1. Corporation Name  
**EDISON SUNDRY CORPORATION**



Principal Place of Business: 14751 EDEN ST. FT. MYERS FL 33908  
Mailing Address: 14751 EDEN ST. FT. MYERS FL 33908

3. Date Incorporated or Qualified: 05/16/1994  
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

4. FEI Number	Applied For
65-0488478	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MASSIE, CHARLES A 14751 EDEN ST. FT. MYERS FL 33908				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

X11. 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: *Charles A. Masse* (Signature, typed or printed name of registered agent and for applicable) *Charles Masse* (Only the registered agent signature required when re-registering) *1/25/96* (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIE, CHARLES A	1.2 NAME	
STREET ADDRESS	14751 EDEN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIE, BETTY A	2.2 NAME	
STREET ADDRESS	14751 EDEN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BRUCE P	3.2 NAME	
STREET ADDRESS	6799 HIGHLAND PINES CR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, ROBIN J	4.2 NAME	
STREET ADDRESS	6799 HIGHLAND PINES CR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

X14. 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: *Charles Masse* (Signature and typed or printed name of signing officer or director) *1/25/96* (Date) Daytime Phone #

CR2E034 (12/95)