

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 # P94000060721 (5)

1. Corporation Name

EDGE COMMUNICATIONS, INC.



Principal Place of Business

% LEE MANDELL
75 VALENCIA AVE., STE. 1002
CORAL GABLES FL 33134

Mailing Address

% LEE MANDELL
75 VALENCIA AVE., STE. 1002
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
08/15/1994

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 1111 Lincoln Rd.

26 1111 Lincoln Rd.

4. FEI Number
65-0519628

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 Miami Beach, FL

28 Miami Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

24 33139

29 33139

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

UNITED CORPORATE SERVICES, INC
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MANDELL, LEE
STREET ADDRESS 75 VALENCIA AVE., STE. 1002
CITY-STATE-ZIP CORAL GABLES FL 33134

TITLE P
NAME ORSBURN, MICHAEL
STREET ADDRESS 7924 WOODRIDGE DR S
CITY-STATE-ZIP PARKLAND FL

TITLE VP
NAME ORSBURN, CHRISTINE N.
STREET ADDRESS 7924 WOODRIDGE DR S
CITY-STATE-ZIP PARKLAND FL

TITLE VP
NAME REA, STEVEN C.
STREET ADDRESS 10943 NW 18TH DR
CITY-STATE-ZIP PLANTATION FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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

GARY R. STRACK

4/10/96 (212) 907-1235

CR2E034 (12/95)