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 # **669290** **(9)**

1. Corporation Name

EDGEWATER MACHINE & FABRICATORS, INC.

Principal Place of Business

200 FLAGLER AVENUE
EDGEWATER FL 32132-2110

Mailing Address

200 FLAGLER AVENUE
EDGEWATER FL 32132-2110

3. Date Incorporated or Qualified: **05/07/1980**

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

4. FEI Number: **59-1998384** [ ] 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

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

GREENE, JULIAN M
1727 BENNETT STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

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 Section 607.0502 or 617.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	VTD	[ ] DELETE
NAME	GREENE, JULIAN M	
STREET ADDRESS	538 BRUNSWICK ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	[ ] DELETE
NAME	ZELLER, OSCAR	
STREET ADDRESS	1219 COMMODORE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

1 TITLE	[ ] Change	[ ] Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE	[ ] Change	[ ] Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE	[ ] Change	[ ] Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	[ ] Change	[ ] Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I am executing this report in accordance with Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachments to this 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: Julian M Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)