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

PROFIT CORPORATION ANNUAL REPORT



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

1996

F14902 **DOCUMENT #**

(3)

1. Corporation Name EDEN INVESTMENTS, INC.

Principal Prace of Business	Mailing Address					
1406 BERSHIRE DRIVE (BRANDON)	1406 BERSHIRE DRIVE (BRANDON)					
P.O. BOX 320649	P.O. BOX 320549					
TAMPA FL 33679	TAMPA FL 33679					

P.O. BOX 3 TAMPA FL		P.O. (BERSHINE UNI BOX 320549 'A FL 33679	IVE (BRANDON	,	3. Date Incorporated or Qualified 01/15/1981	3a. Date	of Last 8/31/	
2. Principal Pta	ice of Business	2a. Mailin	g Address			4. FEI Number			Applied For
21		26				NOT APPLICABLE			Not Applicable
Suite, Apt. #	f, etc	Suite,	Apt. #, etc.			5. Certificate of Status Desired	Œ [®]		5 Additional Required
City & State		City 8	State			Election Campaign Financing Trust Fund Contribution			DO May Be ed to Fees
Ζ(ρ) (4]	Country 25	Zip 29		Country 30			□No		199.032,
_1	9. Name and Address of Curr	ent Registered	Agent			10. Name and Address of New R	egistered A	gent	
				81	Name				
1406 E	gton, decarr D., Jr. Berkshire drive			82	Street Ac	dress (P.O. Box Number is Not Acceptab	ie)		
BRANI	OON FL 33511			83	,				· • • • • • • • • • • • • • • • •
				84	City		FI	85	žip Code
SIGNAULIBE	n mad accept the obligations of, Se	orida Suzh shanc Stior ou 1905, And the hydroat AND DIRECTORS		PRR DI	OVIN	coration submits this statement for the pur oard of directors. I hereby accept the appro- JGTON, UR. PRES. ured when renstating	3/5 VATE	7/90	6
12.	OFFICERS(A	4	DELETE	1.1 TilicE		ADDITIONS/CITANGES TO OFF		Change	
THE	COVINGTON, DECARR D.		Doctor	1.2 NAME			_		
NAME	1406 BERKSHIRE DRIVE	,		1.3 STREET	ADODECC				
STREET ADDRESS	BRANDON FL								
01Y-\$1-7P N/LE	VS		DELETE	1.4 CITY - 5 2 1 TITLE	11-ZIP			7 Change	Addition
NAME	COVINGTON, JOYCE C			2 2 NAME	ļ		_		_
STREET ADDRESS	1406 BERKSHIRE DRIVE			2 3 STREE	ADDRESS				
CITY - ST- ZIP	BRANDON FL			2 4 CHTY-	1				
TIFLE			DELETE	3 1 TITLE				Change	Addition
NAMÉ				32 NAME	,				
STREET AUDRESS				33 STREE	r address				
City-St ZiP				3.4 C/TY - 3	ST - ZIP				
TIELS.			☐ DELETE	4 1 TITLE]			Change	Addition
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREE	ADDRESS				
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THEF			☐ DELĒ1E	5 1 TITLE			L] Change	Addition
NAME				5 2 NAME					
STREET ADDRESS					ADDRESS				
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llit. E			L] DELETE	6 1 1111.			L		
NAME				62 NAME	1.1000100				
STELLT AUDRESS					ADDRESS				
CITY - ST - ZIP	l			64 CITY		6, for the evariation stated in Section 110	OZIOVIA EIG	rida Sta	h doe I further

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 the angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I any an officer or director of the corporation of the receiver or trustee emotivered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/I/changed, organ an appears.

SIGNATUR