

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F93000005200 (1)**

1. Corporation Name  
**EDER ASSOCIATES, INC.**



Principal Place of Business <b>480 FOREST AVE. LOCUST VALLEY NY 11580</b>	Mailing Address <b>480 FOREST AVE. LOCUST VALLEY NY 11580-2118</b>
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/16/1993</b>		3a. Date of Last Report <b>02/27/1996</b>	
21		26		4. FEI Number <b>11-3178711</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEINS, RON 14499 NORTH DALE MABRY SUITE 250 TAMPA FL 33618</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDER, LEONARD J</b>	12 NAME	
STREET ADDRESS	<b>7 WILDWOOD</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>LOCUST VALLEY NY 11580</b>	14 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INYARD, FREDERICK H</b>	2.2 NAME	
STREET ADDRESS	<b>8 GLENMARK LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EAST NORTHPORT NY 11731</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROZMUS, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>43 JAY COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTHPORT NY 11768</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUNNINGHAM, WILLIAM J</b>	4.2 NAME	
STREET ADDRESS	<b>2880 OSMUNDSEN ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON WI 53711</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Frederick H. Inyard*

**Frederick H. Inyard** 2/16/97

CR2E034 (9/96)