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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H01998

(4)

W B EDEN, INC.

IC.			

FILED Mar 14 1997 8:00am Secretary of State

5208 2ND AVE	ncipal Place of Business Mailing Address  6 2ND AVE DR NW 5208 2ND AVE DR NW ADENTON FL 34209 BRADENTON FL 34209-2600 US			3. Date Incorporated or Qualified 05/03/1984	3a. Date of Last Report 03/21/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5201	8_2nd_AveDrNW	26 5208 2nd A	ve. Dr. NW	59-2414972	Not Applicable
Suite, Apt.	#, etc. Residence	Suite, Apt. #, etc. 27 Residence		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Bradenton, FL	28 Bradenton,	FL	Trust Fund Contribution	Added to Fees
Zip 24 34:	Country 209 25 USA	7φ 29 34209 3	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes Mo
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
ARA	ISSUE PENTON RICHARDEX	lease note: ch f adress only)	82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State or im familiar with, and accept the obligati Signature, typed or printed mark of registered agent OF FICERS AND	ons of, Section 607.0505, Floric	horized by the corpora da Statutes.  legistered Agent signalure roou  13.	ition's board of directors. I hereby accep	I the appointment as registered
TITLE	PSD	<b>x</b> x delete	1.1 Till (		ERS AND DIRECTORS IN 12  Change Addition
NAME STREET ADDRESS	EDEN, WILLIAM B. 1201 6TH AVE W STE 317 BRADENTON FL	( note: change f adress only)	1.5 STREET ADOMESS	PSD Eden, William Br 5208 2nd Ave. Dr	• NW
CITY-ST-ZIP TITLE	DIVIDENTON'TE 0.	DILETE	1.4 CITY - S1 - 70°	Bradenton, FL 34	209 Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.11001	***	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.9 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · ·	3.4. CHY-ST-7IF		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DESTIE	4.4 CHY: \$1 - ZIP		Ohoone Laure
NAME		☐ ptrrt	5.1 TITLE 5.2 NAME		Change Addition
			■ n z NaME		

64 CHY-S1-ZIP

14. I do hereby certify that the information solubled 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 properties the information indicated on this annual properties the information indicated on this annual properties that I am an officer or direction of the receiver or loster employered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 12 or Block 13 of annual by on an attempted with an address.

5.3 STREET ADDRESS

5.4 CITY: \$1- ZIP

6.1 TITLE

6.2 NAME

DITTEL

\_\_\_\_(

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

21. 197 6

Change

Addition