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

CITY-ST-ZIP

SIGNATURE:

FILED PROFIT ELORIDA DEPARTMENT DE STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # J21765 (9)EDGEWOOD CENTER, INC. Principal Place of Business Mailing Address %NED F SINDER %NED E SINDER 3310 BAYOU BOAD 3310 BAYOU ROAD DO NOT WRITE IN THIS SPACE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 3. Date Incorporated or Qualified 06/27/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2693391 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ri Name SINDER, NED F. 3310 BAYOU ROAD Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY FL 34228 83 84 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. g-stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE PD NAME SINDER, NED F. 1.2 NAME STREET ADDRESS 3310 BAYOU ROAD 1.3 STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE VST 2.1 TITLE NAME SINDER, CHARLES 2.2 NAME 1754 BROOKWOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS AKRON OH CITY-ST-ZIP 2, 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ___ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

14. I 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 attaonment with an address. WHOLENHER F. SINKER PRES

(10/97)

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