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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J33052

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EDP FINANCIAL SERVICES, INC.

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Feb 24 1997 8:00a	am
Secretary of Stat	te

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	ce of Business	Mailing Addre	300			· · · · · · · · · · · · · · · · · · ·			
926 CANDLELK BROOKSVILLE		926 CANDLELIT BROOKSVILLE (
US		US				Date incorporated or Qualifie 09/15/1986		ate of Last (report
2. Principa: I	Place of Business	2a. Mailing Ad	ddress		,	4. FEI Number	·		pplied For
21		26				59-2717166		N	ot Applicable
Suite, Apt	t #, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ilė	City & Sta	te			6. Election Campaign Financing		***************************************	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	•	Countr	У	8. This corporation has liability f	or intangible	·····	
24	25	29		30		Florida Statutes	Yes		, ,
	9. Name and Address of C	Current Registered Ager	nt			10. Name and Address of New	Registered	Agent	
GEA	IR, EDWARD V.			81	Name				
	CANDLELIGHT BLVD.			82	Street	Address (P.O. Box Number is Not Accep	lable)		
	OKSVILLE FL 34601			04	Sileet	Address (F.O. Box Number is Not Addep	rabie)		
2				83	5			*************	
				<u> </u>					
				84	City		FL	85 Zip	Code
office or agent. I	registered agent, or both, in the am familiar with, and accept the	e State of Florida. Such of e obligations of, Section 6	nange was 07.0505, F	authorized to Iorida Statute	y the corp	corporation submits this statement for the poration's board of directors. I hereby ac	cept the app	pointment as	s registered
SIGNATURE									
	Signature, typed or puried name of registi		(NC	YE: Registered Aç		e required when reinstating)	DATE		55 31.45
12.	OFFICE	RS AND DIRECTORS		OYE: Registered Ag	gent signature	e required when reinstating) ADDITIONS/CHANGES TO OF			***************************************
12. TITLE	OFFICER PTD	RS AND DIRECTORS	DELETE	OYE: Registered Ag	gent signatura			D DIRECTO	***************************************
12. TITLE NAME	OFFICEF PTD GEAR, EDWARD V	RS AND DIRECTORS		TE: Registered Age 13. 1.1 TITLE 1.2 NAME	gent signatura				***************************************
12. TITLE NAME STREET ADDRESS	OFFICEF PTD GEAR, EDWARD V 926 CANDLELIGHT BLVD	RS AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signatura				***************************************
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I do hereby certify that the information supplied with this filling 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 cath; 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.