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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **K23831** **(6)**

1. Corporation Name

**EDB CONSULTING GROUP INCORPORATED**

Principal Place of Business

**3221 TAMIAMI TRAIL**
**SUITE E**
**PORT CHARLOTTE FL 33952**
**US**

Mailing Address

**P O BOX 633**
**MURDOCK FL 33938-633**
**US**

3. Date Incorporated or Qualified: **05/17/1988**

3a. Date of Last Report: **03/02/1995**

4. FEI Number: **58-1901147** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 PO BOX 380633
Suite, Apt. #, etc. 27
City & State 28 MURDOCK, FL
Zip 29 33938-0633 Country 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [✓] No

**9. Name and Address of Current Registered Agent**

**HEARN, JOHN J.**
**1202 NE 93 ST**
**MIAMI SHORES FL 33138**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | D | [ ] DELETE |
| NAME | BROWN, EDNA M. | |
| STREET ADDRESS | 18066 AVONSDALE CIR | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | |
| TITLE | D | [ ] DELETE |
| NAME | BROWN, DONALD B. JR | |
| STREET ADDRESS | 18066 AVONSDALE CIR | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 11 TITLE | D | [ ] Change [✓] Addition |
| 12 NAME | BROWN, ELIZABETH A. | |
| 13 STREET ADDRESS | 1341 E. CAPITOL ST SE, APT 301 | |
| 14 CITY-ST-ZIP | WASHINGTON, DC 20003 | |
| 21 TITLE | D | [ ] Change [✓] Addition |
| 22 NAME | MIMS, ROBIN | |
| 23 STREET ADDRESS | 4349 DECATUR DR | |
| 24 CITY-ST-ZIP | WOODBRIDGE, VA 22193 | |
| 31 TITLE | D | [ ] Change [✓] Addition |
| 32 NAME | BROWN, DOUGLAS A. | |
| 33 STREET ADDRESS | 21150 Gertrude St. | |
| 34 CITY-ST-ZIP | Port CHARLOTTE, FL 33952 | |
| 41 TITLE | | [ ] Change [ ] Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | [ ] Change [ ] Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | [ ] Change [ ] Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(ii), 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 attached sheet with an address.

**SIGNATURE:** Donald B. Brown Jr. Donald B. Brown, Jr. 3/28/96 (941)624-3527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #