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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:52

DOCUMENT # L02676 (9)

1. Corporation Name
EDBET CORPORATION, INC.

Principal Place of Business	Mailing Address
% C T CORPORATION 8751 W BROWARD BLVD PLANTATION FL 33324	~~P.O. BOX 20246~~ ~~WINSTON-SALEM NC 27120~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 07/18/1989	3a. Date of Last Report: 07/26/1994
21	26 P.O. Box 4508	4. FEI Number: 65-1403703	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Greensboro NC	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 27404 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1509, 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: _____ (NOTE: Required Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DO	11 TITLE		☐ Change ☐ Addition
NAME	HORRIGAN, EDWARD A JR	12 NAME		
STREET ADDRESS	228 LOCHA DR.	13 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP		
TITLE	DO	21 TITLE		☐ Change ☐ Addition
NAME	HORRIGAN, ELIZABETH H	22 NAME		
STREET ADDRESS	228 LOCHA DR.	23 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE		☒ Change ☐ Addition
NAME	MOFFITT, SUSAN G	32 NAME		
STREET ADDRESS	~~P.O. BOX 20246 NA~~	33 STREET ADDRESS	P.O. Box 4508	
CITY-ST-ZIP	~~WINSTON-SALEM NC~~	34 CITY-ST-ZIP	Greensboro, NC 27404	
TITLE	Executive Vice President	41 TITLE	Executive Vice President	☐ Change ☒ Addition
NAME	Gordan M. Horrigan	42 NAME	Gordan M. Horrigan	
STREET ADDRESS	904 Windermere Way	43 STREET ADDRESS	904 Windermere Way	
CITY-ST-ZIP	Palm Beach Gardens, FL	44 CITY-ST-ZIP	Palm Beach Gardens, FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Susan G Moffitt Susan G. Moffitt 2/14/95 (910) 292-3652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400327 FEI