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

1. Corporation Name EDWRITE, INC. Principal Place of Business Mailing Address Mailing Address MEDWARD C MARTIN 1818 RACQUET CT NORTH LAUDERDALE FL 33088 MORTH LAUDERDALE FL 33088					3. Date Incorporated or Qualified Se. Date of Last Report		
					3. Date Incorporated or Qualified 09/05/1989	04/16/1996	
2. Principal Pl 21	ace of Business	2a. Mailing Address			4, FEI Number		Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.			65-0145937	¢9.76	Not Applicable Additional
··ı · · · · · · · · · · · · · · · · · ·		27	27		5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing		May Be
7(r)	Country	28 Zip	Country	/	Trust Fund Contribution 8. This corporation has liability for		d to Fees
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curren	t Registered Agent	81	Name	10, Name and Address of New R	egistered Agent	
MARTIN, EDWARD C.							
1818 RACQUET CT NORTH LAUDERDALE FL 33068			62	Street Addr	ess (P.O. Box Number is Not Accepta	ible)	
,,,,,,			83				
			64	City		 85 Zi	p Code
44 D	60700	2 CO7 (500 Florida Cta) A				L	
SIGNATURE	Signatum, typed or pomod name of registered age	of and title dappicable. (NOT)	E Registered Ag		oration submits this statement for the ion's board of directors. I hereby acce and the state of	DATE	
12.	OFFICERS ANI		13.	····	ADDITIONS/CHANGES TO OFFI		
TITUF NAME	d Martin, Edward C	[] DELETE	1.1 TITLE 1.2 NAME	1		[] Chang	e L Addition
STREET ADDRESS	1818 RACQUET CT		1.3 STREET ADDRESS				
Cit's - ST - ZiP	N LAUDERDALE FL		1.4 CITY-ST-ZIP				
TITLE	D DELETE		2.1 TITLE			Change	e L. Addition
NAME	MARTIN, MARGARET J		2.2 NAME				
STREET AECHESS	1818 RACQUET CT N LAUDERDALE FL		2.3 STREET ADDRESS 2. 4 City - St - Zip		0.4		
CHY-SI-ZP TITLE	N LAUDENDALE PL	DELETE		ST-ZIP		Change	e Addition
NAMT			3.1 TITLE 3.2 NAME				
STREET ADDRESS				T ADDRESS			
City - St - ZiP	and a second		3.4. CITY -	ST-ZIP		***	
TIPLE		☐ DELETE	4.1 TITLE	}		Change	e 🔲 Addition
NAME CARGO LARGONOMO		,	4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIF TITLE		DELETE	4.4 CITY - 5 5 1 TITLE	DI - ZIP		Change	e Addition
NAME		—	52 NAME				
STREET ADDRESS			-	TADDRESS			
CHY-S1-7#			5.4 CITY - 5	ST-ZIP			
TITLE	DELETE		6.1 TITLE			Change	e Addition
NAME			6.2 NAME	ſ			
STREET ADERESS				ADDRESS			
CITY-ST ZIP 14. L do hereb	v certify that the information supplier	d with this filing does not qualit	6.4 CITY-		in Section 119.07(3)(i), Florida Statut	es. I further certify th	at the
information Lam an of	indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	rue and acc ered to exec	urate and that	my signature shall have the same leg it as required by Chapter 607, Florida	al effect as if made t	under oath; that

SIGNATURE:

MUMICA (EDWARD C. MARTIN) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-726-3069 Daytime Prione #

0152657

FILED

Apr 11 1997 8:00am

Secretary of State