

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L40846 (2)
1. Corporation Name
ED REID INC.



Principal Place of Business % EDWIN B. REID 815 SEARCY AVE SARASOTA FL 34237	Mailing Address % EDWIN B. REID 815 SEARCY AVE SARASOTA FL 34237
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4420 GOLDEN LAKE DR Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip 24 34233		2a. Mailing Address 26 4420 GOLDEN LAKE DR Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip 29 34233		3. Date Incorporated or Qualified 01/08/1990	
Country 25 USA		Country 30 USA		4. FEI Number 65-0157249	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

REID, EDWIN B.
815 SEARCY AVE
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4420
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	REID, EDWIN B.	1.2 NAME	
STREET ADDRESS	815 SEARCY AVE	1.3 STREET ADDRESS	4420 GOLDEN LAKE DR
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	V	2.1 TITLE	
NAME	FORBIS, SCOTT	2.2 NAME	
STREET ADDRESS	6549 MAGELLON CT., APT. 211	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	JOAN REID VP
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	4420 GOLDEN LAKE DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Ed Reid, ED

Date: 2-3-98

Day/Evening Phone # 941-753-9412

0456340

CR2E034 (10/97)