## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(9)

**FILED** May 30 1996 8:00 am Secretary of State

poration name	
WILLIAM EDWARDS COMPANY	
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Principal Place of Business Maling Address								
C/O EDWARD W. MASLOW 3897 PEACOCK DRIVE MELBOURNE FL 32904		3897 PEACOCK DRI	C/O EDWARD W. MASLOW 3897 PEACOCK DRIVE					
		MELBOURNE FL 32904		3. Date Incorporated or Qualified 02/01/1990		Date of Last Report 03/21/1995		
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number <b>59-2990219</b>			pplied For lot Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zp	Count	ry	8. This corporation has liability for	r intangible	tax under s	199.032,
24	25 29 30			Florida Statutes Yes No				
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New	Registere	d Agent	
			8	1 Name				ŀ
	W, EDWARD W. EACOCK DRIVE		8	2 Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
	URNE FL 32904		8	3				
			6	4 City		F	<b>85</b> Zip	Code
SIGNATURE S	3	ID DIRECTORS	k) (F. Registered A.	gont signature require	ed when reastating) ADDITIONS/CHANGES TO OI	DATE FRICERS A	ND DIRECTO	IRS IN 12
TITLE	VPRE	☐ DELETE	1 1 1 1	F			Change	Addition
NAME	LINDA R. MASLOW		1.2 NAM					
STREET ADDRESS	3897 PEACOCK DRIVE			EET ADORESS				
CITY - ST - ZIP	MELBOURNE FL ST	☐ DELETE	2 1 TiT	r - SI - ZIP LE			Change	Addition
TIFLE NAME	MASLOW, EDWARD W.		2 2 NAI					
STREET ADDRESS	3897 PEACOCK DR.		2 3 STE	EET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL	FT) 654 6 F		Y-SI-ZIP			[] Change	Addition
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STREET ADDRESS			•	REET ADORESS TY-ST-ZIP	<b>ホホホ<u>ど</u>とう。UU</b>			17072
City-St-ZiP	1		040	11 31 411		10.02000	Florida State	atoc I further

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)(k). 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 en powered 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

my 23/196 984-2702