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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L65300 (0)

1. Corporation Name  
EDWARDS DISTRIBUTION SYSTEMS, INC.

Principal Place of Business

% HORACE W. EDWARDS  
4631 VESPASIAN COURT  
LAKE WORTH FL 33463

Mailing Address

% HORACE W. EDWARDS  
4631 VESPASIAN COURT  
LAKE WORTH FL 33463-7241



3. Date incorporated or Qualified 04/11/1990  
3a. Date of Last Report 04/18/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2211 2nd Ave, North	26	65-0188743	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite 8	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Lake Worth, Florida	28	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33463	25	29	30

9. Name and Address of Current Registered Agent

EDWARDS, HORACE W.  
4631 VESPASIAN COURT  
LAKE WORTH FL 33463

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

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	CPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, HORACE W.	1.2 NAME	
STREET ADDRESS	4631 VESPASIAN COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PLAM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, HORACE W.	2.2 NAME	
STREET ADDRESS	4631 VESPASIAN COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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

HORACE W. EDWARDS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 Apr 1997

661-433-5657

Date

Daytime Phone #

0329936

CR2E034 (9/96)