

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L83702 (5)**

1. Corporation Name
COMPETITIVE EDGE, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O KEVIN S. OPOLKA 1401 NW 17TH AVE MIAMI FL 33125		C/O KEVIN S. OPOLKA 1401 NW 17TH AVE MIAMI FL 33125		06/26/1990	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 44 West Flagler Street	26 44 West Flagler Street	65-0344341	Not Applicable		
22 Courthouse Tower, #411	27 Courthouse Tower, #411	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required		
23 Miami, Florida	28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24 33130	25 Dade	29 33130	30 Dade	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
OPOLKA, KEVIN S. 1401 NW 17TH AVENUE MIAMI FL 33125		81 Name	(SAME)		
		82 Street Address (P.O. Box Number is Not Acceptable)	44 West Flagler Street		
		83	Courthouse Tower, #411		
		84 City	Miami,	85 FL	Zip Code 33130

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 _____ DATE _____
Structure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPOLKA, KEVIN S.	12 NAME	44 West Flagler Street
STREET ADDRESS	1401 NW 17TH AVE.	13 STREET ADDRESS	Courthouse Tower, #411
CITY- ST- ZIP	MIAMI FL	14 CITY- ST- ZIP	Miami, Florida 33130
TITLE	ST <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPOLKA, KEVIN S.	22 NAME	44 West Flagler Street
STREET ADDRESS	1401 NW 17TH AVE.	23 STREET ADDRESS	Courthouse Tower, #411
CITY- ST- ZIP	MIAMI FL	24 CITY- ST- ZIP	Miami, Florida 33130
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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: *Kevin S. Opolka, Pres.* 1/24/96 (305) 374-8919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)