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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L83702

(5)

COMPETITIVE EDGE, INC.

appears in Block 12

SIGNATURE:

FILED Apr 08 1997 8:00am Secretary of State

| Poncipal Pa                                       | ice of Business   | Mailing Address  | ****  |   |   |  |                       |
|---|---|--|---|---|---|--|-----------------------|
| 44 W. FLAGLI<br>COURTHOUSI<br>MIAMI FL 331        | E TOWER. #411   | 44 W. FLAGLER ST<br>Courthouse Tower.<br>Miami FL 33130-1808     | COURTHOUSE TOWER. #411<br>MIAMI FL 33130-1808 |   |   |  |                       |
| US  |   | US   |   | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/26/1990 01/30/1996 |   |  |                       |
| 2. Principa Place of Business 2a. Mailing Address |   |  |   |   | 4. FEI Number   | · · · · · · · · · · · · · · · · · · ·  | oplied For            |
| 21  |   | 26   |   |   | 65-0344341  | No                                     | ot Applicable         |
| Suite, Ap<br>22                                   | t. #, etc   | Suite, Apt. #, etc.  |   |   | 5. Certificate of Status Desired  |  | Additional<br>equired |
| Orty & St. <b>23</b>                              | ate   | City & State   |   |   | 6. Election Campaign Financing Trust Fund Contribution                              |  | May Be<br>to Fees     |
| Ζφ  | Country   | Zip  | Countr  | у   | 8. This corporation has liability for i   |  | . 199.032,            |
| 24  | 25  | 29   | 30  |   |   | Yes No                                 |                       |
|   | g, Name and Address of Cur  | rent Registered Agent  |   |   | 10. Name and Address of New Re-   | sistered Agent                         |                       |
| OP  | OLKA, KEVIN S.  |  | 8.  | Name  | :   |  |                       |
|   | W. Flagler St.<br>Jurthouse Tower, #411                                       |  | 82  | Street Add  | dress (P.O. Box Number is Not Acceptab  | le)                                    |                       |
| MIA   | NMI FL 33130  |  | 83  | 1   |   |  |                       |
|   |   |  | 84  | City  |   | FL 85 Zip                              | Code                  |
| 11, Pursuar                                       | nt to the provisions of Sections 607.0  | 0502 and 607.1508, Florida Sta                                   | atutes, the abo                               | e-named cor   | poration submits this statement for the pation's board of directors. I hereby accep | urpose of changing i                   | ts registered         |
| agent. I  | r registeren agent, or both, in the St<br>am familiar with, and accept the ob | ate of Florida. Such change wi<br>digations of, Section 607.0505 | as authorized t<br>, Florida Statute          | ly the corpora<br>is.   | ation's board of directors, I hereby accep  | t the appointment as                   | registered            |
| SIGNATURE   |   |  |   |   |   |  |                       |
| BIGHT ON  | Signal es Typic de printed harde of registered                                | ager Land title if applicable. (                                 | NOTE Registered A                             | jeni signalure requ   | ired when reinstating)  | DATE                                   |                       |
| 12.   |   | AND DIRECTORS  | 13.   |   | ADDITIONS/CHANGES TO OFFIC  |  |                       |
| TITLE   | DPV   | ☐ DELETE   | 1.1 TITLE                                     |   |   | Change                                 | Addition              |
| NAME  | OPOLKA, KEVIN S.  |  | 1.2 NAME                                      |   |   |  |                       |
| STREET ADDRESS                                    |   | HOUSE TOWER #411   | 1.3 STREE                                     | TADDRESS  |   |  |                       |
| CITY SF-7/2                                       | MIAMI FL  |  | 1.4 CITY-                                     | ST-ZIP  |   |  |                       |
| TITLE   | ST DELETE   |  | 2.1 TITLE                                     |   |   | L Change                               | ☐ Addition            |
| NAME  | OPOLKA, KEVIN S.  |  | 2 2 NAME                                      |   |   |  | ļ                     |
| STREET ADDRESS                                    |   | IHOUSE TOWER #411  | 23 STREE                                      | T ADDRESS   |   |  |                       |
| CITY - 51 - 201:                                  | MIAMI FL  |  | 2. 4 City                                     | ST-ZIP  |   | —————————————————————————————————————— |                       |
| THUE  |   | ☐ DELETE   | 3 1 TITLE                                     | <b>[</b>  |   | Change                                 | Addition              |
| NAME  |   |  | 3.2 NAME                                      |   |   |  | İ                     |
| STEEF ALORESS                                     | ·   |  |   | T ADDRESS   |   |  | ļ                     |
| CH1-SI-ZIF  |   | T briefe   | 3.4. CITY                                     | ST-ZIP  |   | 1 0                                    | 11110000              |
| THE   | i   | L_ DELETE  | 4.1 TITLE                                     | -   |   | Change                                 | Addition              |
| NAVI  |   |  | 4.2 NAM                                       |   |   |  |                       |
| STHEEL ADDRESS                                    |   |  | 1   | T ADDRESS   |   |  |                       |
| C-1Y - S1 - 7IP                                   |   | T perses   | 4.4 CHY-                                      | ST-ZIP  |   |  | 4 2 2 2 2             |
| TILE  |   | DELETE   | 5.1 TITLE                                     |   |   | ☐ Change                               | Addition              |
| MAVE  |   |  | 5.2 NAME                                      | Į.  |   |  |                       |
| STREET ADDRESS                                    | ·   |  |   | T ADDRESS   |   |  |                       |
| CITY - ST - ZW                                    |   | T 1 2.2.   | 5.4 CITY-                                     | ST-ZIP  |   |  | - F-1 7 Co.           |
| THEF  |   | ☐ DELETE   | 6.1 TITLE                                     |   |   | L. Change                              | Addition              |
| NAME  |   |  | 6.2 NAME                                      |   |   | 1                                      |                       |
| STREET ADDRESS                                    | ,   |  | 6.3 STREE                                     | T ADDRESS   |   |  |                       |

City St. 76

14. If 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 conforation or the receiver or trustee employed to extend this report as required by Chapter 607, Florida Statutes; and that my name