Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90212 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L83702

1. Corporation Name

COMPETITIVE EDGE, INC.

Principal Place of Business Mailing Address						T INDIVIDIA ANT L'ETAN TIEN DENN MENT MINN MINN MINN BIREN BIREN MINN BIREN BIRE
44 W. FLAGLER ST 44 W. FLAGLER ST						
COURTHOUSE TOWER. #411 COURTHOUSE			E TOWER. #411			DO NOT INDITE IN THE COACE
MIAMI FL 33150)	MIAMI FL 33130				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US		US				06/26/1990
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0344341 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27			·			5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28				Country		Trust Fund Contribution Added to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25 9. Name and Address of Curre	29	30	Т		Personal Property Tax.
	9, Name and Address of Curre	it Kedisteren Adent		81	Name	
OPO	LKA, KEVIN S.			Ц	<u> </u>	
44 W. FLAGLER ST.				82	Street A	et Address (P.O. Box Number is Not Acceptable)
COURTHOUSE TOWER, #411				83		
MIAMI FL 33130					0:1	85 Zip Code
				84	City	FL 63 210 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						
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Stat	d by utes	tne corpo	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered age			d Agen	t signature re	re required when reinstating) DATE APPLICATIONS CHARGED TO OFFICE DO AND DIRECTORS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	dpv opolka, kevin s.		1.7 H		1	
NAME STREET ADDRESS	44 W FLAGLER ST., COURTH	OUSE TOWER #411			ADDRESS	ss
CITY-ST-ZIP	MIAMI FL	000L 1011LN # 111		ITY-S		
TITLE	ST	☐ DELETE	2.1 TI			Change Addition
NAME	OPOLKA, KEVIN S.		2.2 N	AME		
STREET ADDRESS	44 W. FLAGLER ST., COURTH	IOUSE TOWER #411	2.3 S	TREET	FADORESS	ss
CITY-ST-ZIP	MIAMI FL		2.40	2-YTK	íT-ZIP	
TITLE		☐ DELÉTÉ	3.1 T	ITLE		☐ Change ☐ Addition
NAME			3.2 N	AME	-	
STREET ADDRESS			3.3 S	TREE	ADDRESS	SS
C/TY-ST-Z/P		[-]		CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 Ti			Change Addition
NAME				NAME		
STREET ADDRESS					r address	35
CfTY-ST-ZIP		DELETE		ITY-S	r-ZIP	Change Addition
ΠΠLE	•	☐ DELETE	5.1 T			
NAME					T ADDRESS	ss
STREET ADDRESS				TY-S		·-[
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 T			☐ Change ☐ Addition
TITLE		_ 04111	6.2 N			
NAME					T ADDRESS	22

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, withall other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: