

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 # **M33820** (5)

1. Corporation Name

**EDWIN SYSTEMS, INC.**



Principal Place of Business

Mailing Address

**11242 S.W. 133RD CT  
APT.3  
MIAMI FL 33186**

**11242 S.W. 133RD CT  
APT.3  
MIAMI FL 33186**

3. Date Incorporated or Qualified

**06/18/1986**

3a. Date of Last Report

**04/20/1995**

4. FEI Number

**59-2738369**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21 2690 SE 5th COURT**

2a. Mailing Address

**26 2690 SE 5th COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 HOMESTEAD, FL**

City & State

**28 HOMESTEAD, FL**

Zip

**24 33033**

Country

**25 USA**

Zip

**29 33033**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**EDWARDS, RICHARD  
11242 S.W. 133RD COURT  
APT.3  
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

**EDWARDS, RICHARD**

82 Street Address (P.O. Box Number is Not Acceptable)

**2690 SE 5th COURT**

83

84 City

**HOMESTEAD**

**FL**

85 Zip Code

**33033**

11. Pursuant to the provisions of Sections 607.0592 and 607.0508, 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 607.0509, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/18/96**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **EDWARDS, RICHARD**  
STREET ADDRESS **11242 SW 133 CT., APT.3**  
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME

**RICHARD EDWARDS**

1.3 STREET ADDRESS

**2690 SE 5th COURT**

1.4 CITY - ST - ZIP

**HOMESTEAD, FL 33033**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/18/96**

**(305) 230-0736**

CR2E034 (12/95)