

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M71572 (5)
1. Corporation Name
EDANI, INC.



Principal Place of Business Mailing Address
5336 CONGO CT. 5336 CONGO CT.
CAPE CORAL FL 33990-1387 CAPE CORAL FL 33990-1387

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/11/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0044299	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ECKERTY, THOMAS G., ESQ. 12734 KENWOOD LANE, SUITE 89 SUITE 89 FT. MYERS FL 33907				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	NAME	1.1 TITLE	1.2 NAME
NAME	STRANEY, EDWARD	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	5336 CONGO CT.	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	CAPE CORAL FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	S	3.1 TITLE	3.2 NAME
NAME	STRANEY, ANITA	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	5336 CONGO CT.	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	CAPE CORAL FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	D	5.1 TITLE	5.2 NAME
NAME	PASSANANTE, NAT	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	3532 SE 17 AVE. 1333 S.E 40 TERR	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	CAPE CORAL FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	D		
NAME	PASSANANTE, NATALIE		
STREET ADDRESS	3532 SE 17 AVE. 1333 S.E 40 TERR		
CITY-ST-ZIP	CAPE CORAL FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: Anita Straney - ANITA STRANEY 4/30/98 941-549-5289

CR2E034 (10/97)