

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M80900 (7)  
1. Corporation Name  
EDGEWATER COVE ASSOCIATES, INC.

Principal Place of Business 3711 CORTEZ RD W 300 BRADENTON FL 34210 US	Mailing Address 3711 CORTEZ RD W 300 BRADENTON FL 34210-3108 US
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3. Date Incorporated or Qualified 05/16/1988	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0064270	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
BLACKMER, THOMASINE  
3711 CORTEZ RD W #300  
BRADENTON FL 34210

10. Name and Address of New Registered Agent 81. Name OKSON, ANN M. 82. Street Address (P.O. Box Number is Not Acceptable) 3711 CORTEZ RD. W. 83. Suite 300 84. City BRADENTON 85. Zip Code FL 34210
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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: *Ann M. Olson* ANN M. OKSON 4/24/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BLACKMER, THOMASINE
STREET ADDRESS	3711 CORTEZ RD W #300
CITY - ST - ZIP	BRADENTON FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	SOCHAR, MARK
STREET ADDRESS	3711 CORTEZ RD W #300
CITY - ST - ZIP	BRADENTON FL
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	ST. JOHN, VALERIE A.
STREET ADDRESS	3711 CORTEZ ROAD W
CITY - ST - ZIP	BRADENTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OKSON, ANN M.
1.3 STREET ADDRESS	3711 CORTEZ RD. W, STE 300
1.4 CITY - ST - ZIP	BRADENTON, FL 34210
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 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: *Ann M. Olson* ANN M. OKSON 4/24/97 941-756-0677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)