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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000004803 (1)

EDGE CONCERTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 WEST LIVINGSTON STREET ORLANDO FL 32801	Mailing Address 100 WEST LIVINGSTON STREET ORLANDO FL 32801
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3. Date Incorporated or Qualified 01/12/1993	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3158803	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
State, Apt. # etc 22	State, Apt. # etc 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Locality 25	7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARMENING, W A II 100 WEST LIVINGSTON STREET ORLANDO FL 32801		10. Name and Address of New Registered Agent		
		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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMENING, W A II	2. NAME	
STREET ADDRESS	457 SEYMOUR AVENUE	3. STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL 32789	4. CITY, ST, ZIP	
TITLE	D	20. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINE, ROBERT H	21. NAME	
STREET ADDRESS	1873 GLENCOE ROAD	22. STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL 32709	23. CITY, ST, ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, JOHN	32. NAME	
STREET ADDRESS	1891 WINCHESTER DRIVE	33. STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL 32789	34. CITY, ST, ZIP	
TITLE		43. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		44. NAME	Director
STREET ADDRESS		45. STREET ADDRESS	Barnett, Dan
CITY, ST, ZIP		46. CITY, ST, ZIP	1844 Seabreeze Blvd
TITLE		51. TITLE	FL - LAND, FL
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(9)(b) 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 the report as required by Chapter 607, Florida Statutes, and that my name appears as Block 1, or Block 13, if changed, or on a subsequent filing with an address.

SIGNATURE: W.A. Harmening / W.A. Harmening 5/1/95 407-843-5775