FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 24 AM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000009166 (8)**

1. Corporation Name
THE EDGE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 290993 TAMPA FL 33687	P.O. BOX 290993 TAMPA FL 33687-0993

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 4023	26 P.O. Box 4023
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Brandon FL	28 Brandon FL
24 Zip 33509 25 Country USA	29 Zip 33509 30 Country USA

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3141821 ☐ 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

9. Name and Address of Current Registered Agent

LUGO, ISRAEL
5621 E. ADAMO DR.
2-B
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name: Sonja R. WARD
82 Street Address (P.O. Box Number is Not Acceptable): 1704 N. 17th St
83
84 City: TAMPA FL 85 Zip Code: 33605

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: Sonja R. Ward — 4-29-97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNKER, WILLIAM G P.O. BOX 290993 N/A TAMPA FL 33687 (N/A) ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D WARD, SONJA R. ~~P.O. BOX 4023~~ ~~Brandon FL 33509~~ 1704 N. 17th St TAMPA, FL 33605 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002225069--1 -06/27/97--01074--021 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition 6.25.97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: [illegible] 4-29-97 (813) 242-