

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

FILED

Apr 24 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 # **P93000016602 (3)**

1. Corporation Name

EDA INVESTMENT CORPORATION

Principal Place of Business

**5 WEST HIGHBANKS ROAD
DEBARY FL 32713**

Mailing Address

**5 WEST HIGHBANKS ROAD
DEBARY FL 32713-2863**



2. Principal Place of Business

21 **505 Deltona Blvd.**

Suite, Apt. #, etc.

22 **Suite 104**

City & State

23 **Deltona, FL**

Zip

24 **32725**

Country

25 **USA**

2a. Mailing Address

26 **505 Deltona Blvd.**

Suite, Apt. #, etc.

27 **Suite 104**

City & State

28 **Deltona, FL**

Zip

29 **32763**

Country

30 **USA**

3. Date Incorporated or Qualified

03/01/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

50-3168420

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

**ABELES, DAVID E
5 WEST HIGHBANKS ROAD
DEBARY FL 32713**

10. Name and Address of New Registered Agent

81 Name

ELEANOR B. ADE

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

202 Plumosa Road

83

84 City

DeBary

FL

85 Zip Code

32713

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

ELEANOR B. ADE

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

(NOTE: Registered agent signature required when reinstating)

Eleanor B. Ade

DATE

4-16-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABELES, DAVID E	
STREET ADDRESS	5 W HIGHBANKS RD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHALETT, CHARLES	
STREET ADDRESS	505 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDA STAMPFLI	
STREET ADDRESS	12738 S GROSHONG RD	
CITY-ST-ZIP	MOLALLA OR	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RON ADE	
STREET ADDRESS	8511 SERENATA DRIVE	
CITY-ST-ZIP	WHITTIER CA	
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	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RONALD J. ADE	
1.3 STREET ADDRESS	8511 Serenata Drive	
1.4 CITY-ST-ZIP	Whittier, CA 90603	
2.1 TITLE	T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHARLES SHALETT	
2.3 STREET ADDRESS	505 Deltona Boulevard, Ste. 104	
2.4 CITY-ST-ZIP	Deltona, FL 32725	
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	V-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ELEANOR B. ADE	
5.3 STREET ADDRESS	202 Plumosa Road	
5.4 CITY-ST-ZIP	DeBary, FL 32713	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARCIE S. HAMPTON	
6.3 STREET ADDRESS	2355 South Ridgewood Avenue	
6.4 CITY-ST-ZIP	South Daytona, FL 32119	

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 additions/changes to Block 13.

SIGNATURE:

Charles Shallett

Charles Shallett, Dir.

DATE

(407) 574-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (9/96)