

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

FILED

**May 01 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 # P93000031014 (2)

1. Corporation Name
EDELWEISS HAUS, INC.



Principal Place of Business
**21482 MANATEE AVENUE
PORT CHARLOTTE FL 33952**

Mailing Address
**21482 MANATEE AVENUE
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/28/1993

2. Principal Place of Business		2a. Mailing Address	
21 3460 Countryside Blvd	26 3460 Countryside Blvd		
Suite, Apt. #, etc. 22 APT 13	Suite, Apt. #, etc. 27 APT 13		
City & State 23 Clearwater FL	City & State 28 Clearwater FL		
Zip 24 33761	Country 25 USA	Zip 29 33761	Country 30 USA

4. FEI Number
65-0401112

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PARISE, DEBORAH
21482 MANATEE AVENUE
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3460 COUNTRYSIDE
83	APT 13
84 City	Clearwater FL 85 Zip Code 33761

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 *Deborah Parise* DATE **4/23/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARISE, DEBORAH	
STREET ADDRESS	21482 MANATEE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STALZER, FRANK M	
STREET ADDRESS	POST OFFICE BOX 149 ARDEN DRIVE	
CITY-ST-ZIP	GARRISON NY 10524	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARISE, DEBORAH	
1.3 STREET ADDRESS	3460 COUNTRYSIDE BLVD #13	
1.4 CITY-ST-ZIP	Clearwater, FL 33761	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STALZER, FRANK M	
2.3 STREET ADDRESS	3460 COUNTRYSIDE BLVD #13	
2.4 CITY-ST-ZIP	Clearwater FL 33761	
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 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 *Deborah Parise* DATE **4/23/98**

CR2E034 (10/97)