

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **P93000040963 (9)**

1. Corporation Name  
**EDGEWISE, INC.**



Principal Place of Business  
**7823 N. DALE MABRY HWY SUITE 114 TAMPA FL 33614-3281 US**

*7823*

Mailing Address  
**7823 N. DALE MABRY HWY SUITE 114 TAMPA FL 33614-3281 US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified <b>06/04/1993</b>	3a. Date of Last Report <b>04/14/1995</b>
4. FCI Number <b>59-3188716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent

**GRIFFITH, MAURICE E  
6109 DORY WAY  
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name **Maura T. Grady**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7823 N. Dale Mabry**  
83 **Suite 114**  
84 City **Tampa** FL 85 Zip Code **33618**

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, this officer/registered agent/registered agent 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 duties of Section 607.0506, Florida Statutes.

SIGNATURE: *By Maura T. Grady, Pres* Maura T. Grady, President 4/14/96

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRADY, MAURA T</b>	
STREET ADDRESS	<b>11705 LIPSEY ROAD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRIFFITH, MAURICE E</b>	
STREET ADDRESS	<b>6109 DORY WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	<b>A.M.G.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person in possession of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *By Maura T. Grady, Pres* Maura T. Grady, Pres 4/15/96 813-931-3343

CR2E034 (12/95)

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# EdgeWise, Inc.

7825 N. Dale Mabry Hwy., Suite 114, Tampa, FL 33614-3281  
(813) 931-EDGE

April 15, 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
Division of Corporations

To whom it may concern:

Please be advised that errors were made in filling out the attached Corporate Annual Report and an effort was made to correct them. The changes should be read as follows:

- The name and address of the "Current Registered Agent" has been changed from Maurice E. Griffith to Maura T. Grady at the address on the form.

- Maura T. Grady as President has been added to her existing Officer/Director position of Director.

- Maurice E. Griffith has been deleted as Director of the corporation. Mr. Griffith no longer has any relationship with EdgeWise other than that of a stock holder.

Should you have any problem interpreting the changes/additons/deletions in this report, please feel free to contact me at the above address or telephone number.

Sincerely,

Maura T. Grady,  
President