

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

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

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. Country	30. Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS			
14 CITY- ST- ZIP			
21 TITLE	<i>A.M.G.</i>	<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