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 Mar 14 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000040963 (9)
 1. Corporation Name
 EDGEWISE, INC.



Principal Place of Business: 7923 N. DALE MABRY HWY SUITE 114 TAMPA FL 33614-3281 US

Mailing Address: 7823 N. DALE MABRY HWY SUITE 114 TAMPA FL 33614-3219 US

3. Date Incorporated or Qualified: 06/04/1993
 3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 21 11705 Lipsey Rd Suite, Apt. #, etc. 22 Tampa, FL 33618 US

2a. Mailing Address: 26 11705 Lipsey Rd Suite, Apt. #, etc. 27 Tampa, FL 33618 US

4. FEI Number: 59-3188716 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 [X] No []

9. Name and Address of Current Registered Agent: GRADY, MAURA T. 7823 N DALE MABRY SUITE 114 TAMPA FL 33618

10. Name and Address of New Registered Agent: 81 Name: Maura T. Grady 82 Street Address (P.O. Box Number is Not Acceptable): 11705 Lipsey Rd 83 84 City: Tampa FL 85 Zip Code: 33618

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: _____ (NC11 - Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GRADY, MAURA T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11705 LIPSEY ROAD	1.2 NAME	
STREET ADDRESS	TAMPA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	MG GRIFFITH, MAURICE E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6109 DORY WAY	2.2 NAME	
STREET ADDRESS	TAMPA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Maura T. Grady Maura T. Grady 3/14/97 813-99-3343

CR2E034 (9/96)