

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90022 001 ***150.00

DOCUMENT # P93000062366

1. Corporation Name
PLAYER'S EDGE, INC.



Principal Place of Business

16520 S. TAMiami TRAIL
#203
FT. MYERS FL 33908
US

Mailing Address

17314 MEADOWLAKE CIR.
FT. MYERS FL 33912
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

65-0436379

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 17579 Rockerfeller Cir.
Suite, Apt. #, etc.

2a. Mailing Address

26 16863 Fox Den
Suite, Apt. #, etc.

City & State

23 Ft. Myers FL
Zip Country

24 33912 25 Lee

City & State

28 Ft. Myers FL
Zip Country

29 33908 30 Lee

9. Name and Address of Current Registered Agent

* RODNEY, JOHN J JR.
17314 MEADOW LAKE CIR
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

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

16863 Fox Den

83

84 City

FT MYERS

FL

85 Zip Code

33908

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RODNEY, JOHN J JR.
STREET ADDRESS 17314 MEADOWLAKE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33912

TITLE VP
NAME RODNEY, LINDA
STREET ADDRESS 17314 MEADOW LAKE CIRCLE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

16863 Fox Den
FT MYERS, FL 33908

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

16863 Fox Den
FT MYERS, FL 33908

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/99 (727) 393-0872

CR2E034 (11/98)