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PROFIT CORPORATION ANNUAL REPORT

1997



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 18 1997 8:00am Secretary of State

Principa! Plac	EDGE, II			lailing Address		·, · · · · · · · · · · · · · · · · · ·	····				
		,		iailing Address 00 N. Powerline RD							•
4100 N. POWERLINE RD. F-4				F4							
POMPANO BEACH FL 33073 US				POMPANO BEACH FL 33073-3039 US				Boto Improved or Qualified	1 a - 6	ate of Las	1 Donow
03			00	,				3. Date Incorporated or Qualified 11/17/1993		24/1990	•
2. Principal P	ace of Busin	ess	2a.	, Mailing Address				4. FEI Number			Applied For
21			26					65-0452113			Not Applicable
Suite, Apt	#, c tc.		-	Suite, Apt. #, etc.				5. Certificate of Status Desired	X		5 Additional
22 City & Stat			27	City & State			····	& Floation Compaign Financing			Required
23	•••		28	2.1, 2.2.1.1				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	[Country		Zip	C	ountry	, · · ·	8. This corporation has liability for	intangible		
24	-	25	29		30			Florida Statutes	Yes		
		and Address of Curre	-	stered Agent				10. Name and Address of New Ro	gistered	Agent	
		SERVICE COMPAN	Y			81	Name				
1201 HAYS ST. TALLAHASSEE FL 32301						82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
IAL	LANASSEE	FL 32301				83	 				
						84	City		FL	85 Z	ip Code
powed Lo				d Contion 607 Kent I	Elevida C	tatuta	,	rporation submits this statement for the ation's board of directors. I hereby acce			
agent. La		or pointed transe of registered as	gest and title	e if applicable. (N	Florida S	itatute	S .	uired when reinstating)	DATE		
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4. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/97 954-968 Date Daytime Phone

6447204