PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085278

1. Corporation Name EDASC, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90253 015 ***150.00



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Principal Flace	e of Business	Mailing Address					111					
2115 CHAGALL CIRCLE 2115 CHAGALL CIRCLE												
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 334			33409				DO NOT WRITE IN THIS SPACE					
						ļ				IS SPACE		
						_	12/08	corporated or Qualife /1993	a 			_
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Non				Applied Fo	
21		26					65-04	57085			No Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifca	te of Status Desired			Additiona Required	**
City & E tat	e	City & State	_				6. Election	Campaign Financin	g [7]		0 vlay Be	
23		28					Trust Fo	und Contribution		Adde	d to Fees	
Zip 24	Country 25	Zip 29	Cou	intry				rporation owes the cu al Property Tax.	ırrent year	Intangible Ves	X 40	
	9. Name and Address of Current				-		10. Name a	and Address of New	Register	d Agent		
				81	Name							
	DDEAU, DONALD L 5 CHAGALL CIRCLE			82	Street	Address	s (P.O. Box	Number is Not Acce	otable)			_
WES	ST PALM BEACH FL 33409			83								
												
				84	City				F	85 Zi	p Code	
office or r	to the provisions of Spections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligat	f Florida. Such change was	authorized	a by i	ine corpo	corpora oration's	ation submits s board of d	s this statement for the irectors. I hereby according to the control of the contr	ne purpose cept the app	of changing ointment as	its register registered	ed
DIDLIATURE												Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registered	d Agen	t signature r	required wi	nen reinstating)		DATE			
SIGNATUFE 12.	Signature, typed or printed name of registered agent OFFICERS ANI		E. Registered		t signature n	required wi		NS/CHANGES TO C				_
	OFFICERS ANI				t signature r	req vired wi		NS/CHANGES TO C		AND DIREC		_
12.	OFFICERS ANI DVTS GODDEAU, DONALD L	DIRECTORS	13.	ITLE	t signature r	req: ired wi		NS/CHANGES TO C				_
12.	DVTS GODDEAU, DONALD L 2115 CHAGALL CIRCLE	DIRECTORS	13. 1.1 TI 1.2 No	ITLE AME	signature r	req: ired wi		INS/CHANGES TO C				_
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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 ecciver 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 attactment with an address, with a light empowered.

SIGNATURE:

561-689-2024