

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90253 015 \*\*\*150.00

0327561

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P93000085278**

1. Corporation Name  
**EDASC, INC.**



Principal Place of Business <b>2115 CHAGALL CIRCLE WEST PALM BEACH FL 33409</b>	Mailing Address <b>2115 CHAGALL CIRCLE WEST PALM BEACH FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/08/1993</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0457085</b>		Applied For No Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip Country	25 Zip Country	29 Zip Country		30 Zip Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

**GODDEAU, DONALD L**  
**2115 CHAGALL CIRCLE**  
**WEST PALM BEACH FL 33409**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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: \_\_\_\_\_ (NOT E. Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVTS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODDEAU, DONALD L</b>	1.2 NAME	
STREET ADDRESS	<b>2115 CHAGALL CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODDEAU, ELIZABETH J</b>	2.2 NAME	
STREET ADDRESS	<b>2115 CHAGALL CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GODDEAU, AMIE K</b>	3.2 NAME	
STREET ADDRESS	<b>3101 PORT ROYALE BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33322</b>	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 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 a different like empowered.

SIGNATURE: Donald L Goddeau 4/26/99 561-689-2024  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)