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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P94000008005 (8) DOCUMENT # 1. Corporation Name
BUSINESS EDGE. INC.

FILED Apr 30 1998 8:00am Secretary of State

DOGIN	LOO LDGL, IIIO.				
Principal Plac	e of Business	Mailing Address		{	. DI JANA BOJA SUNDI BINI NODI
6700 S. FLOF		P.O. BOX 7015			
SUITES 22 &		LAKELAND FL 33807			
LAKELAND FI	L 33013	US		DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 02/02/1994 	
2. Principal P	lace of Business A	2a, Mailing Address	1025	4. FEI Number	Applied For
21 35		26 170/120X	1925	59-3290745	Not Applicable
	site t	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	-1-1-1	Gity & State		6. Election Campaign Financing	\$5.00 May Be
	iglewood th	28 Inglewo	:	Trust Fund Contribution	Added to Fees
3°U⊃	Country	= 3479 € F	Country	8. This corporation owes or has paid the cu	
24 27 2	9, Name and Address of Current R	29 34 27 3 30 edistered Agent		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
RR	OWN, DIANE E	Photogod Mant	81 Name I-	3 - ' / '	(T
8700 S ELOPIDA AVE				stown, Wane	<u>~</u>
SUITES 22 & 24				ess (P.O. Box Number's Not Acceptable)	127
LAKELAND EL 22012			83		
				ite t	
			84 City EN	dewood FL	85 - Zip Code
11. Pursuant	to the provisions of Sections 607,0502 ar	nd 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose o	f changing its registered
office or r agent la	egistared agent, or both, in the State of a im familiar with, and accept the abligation	clorida. Such change was nut as of Section 607,050s. Floria	porized by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the purpose of the	bintment as registered
SIGNATURE	= Dlaw (P)	Marin 1	MES.	04%	23/78
SIGNATURE	Signature, types as purited transe of registered agent as	id tille il applicable (NOTE R	egistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND D		19.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D BDOMBI DIAME E	DELETE	1.1 TITLE	.	Change Addition
NAME	BROWN, DIANE E	00 0 04	1.2 NAME	spun, Diane E,	0 .1 -
STREET ADDRESS	6700 S. FLORIDA AVE., SUITES	22 a 24	1.3 STREET ADDRESS	2.14 2. Hoccesency!	Spite F
CITY-ST-ZIP	LAKELAND FL 33813	- I or eve	1.4 CITY-ST-ZIP	nglewood 4h 34-	229
TITLE		☐ DELETE	2.1 TITLE)	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP		☐ Change ☐ Addition
NAME I			3.1 TITLE 3.2 NAME		Change C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+ST-ZIP			6.4 CITY - ST - ZIP		1
14. I hereby o	certify that the information supplied with the	his filing does not qualify for the		Section 119 07(3)(i) Florida Statutes I further ce	artify 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: