

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000025159 (2)

1. Corporation Name  
**EDGE COMPANIES, INC.**



Principal Place of Business: 2301 PARK AVE, SUITE 209, ORANGE PARK FL 32073, US  
Mailing Address: 2301 PARK AVE, SUITE 209, ORANGE PARK FL 32073, US

3. Date Incorporated or Qualified: 04/01/1994  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-3250038  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 316 FLEMING DRIVE, 22 Suite, Apt. #, etc.  
2a. Mailing Address: 26 316 FLEMING DRIVE, 27 Suite, Apt. #, etc.  
23 City & State: GREEN COVE SP. FL.  
28 City & State: GREEN COVE SP. FL.  
24 Zip: 32043, 25 Country: CLAY, 29 Zip: 32043, 30 Country: CLAY

9. Name and Address of Current Registered Agent  
ESPOSITO, J. MICHAEL  
2301 PARK AVE  
SUITE 209  
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent  
81 Name: ESPOSITO, J. MICHAEL  
82 Street Address (P.O. Box Number is Not Acceptable): 316 FLEMING DRIVE  
83  
84 City: GREEN COVE SPRINGS FL, 85 Zip Code: 32043

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, Sections 607.0505, Florida Statutes.

SIGNATURE: *J. Michael Esposito* J. MICHAEL ESPOSITO DATE: 5-2-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESPOSITO, J. MICHAEL	
STREET ADDRESS	8826 GOODBY'S EXECUTIVE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESPOSITO, J. MICHAEL	
1.3 STREET ADDRESS	316 FLEMING DRIVE	
1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed or of an amendment with an address.

SIGNATURE: *J. Michael Esposito* J. MICHAEL ESPOSITO DATE: 5-2-96 DAYTIME PHONE #: 284 8300

CR2E034 (12/95)