

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

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

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

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 5-2-96
Signature, typed or printed name of registered agent and filer applicant. (NOTE: Registered Agent signature required when reinstating) DATE

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 5-2-96 904 284 8300
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)