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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060426 (1)

Country

9. Name and Address of Current Registered Agent

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LYNCH, EDWIN M

EDON, INC.

Principa1	Place of	Business	
		,	

4864 DAVIS BLVD NAPLES FL 34104

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

4864 DAVIS BLVD NAPLES FL 33962

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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ADRA MAVIS DI VI

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

08/12/1994

65-0613131

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

1716 KINGS LAKE BLVD NAPLES FL 34104			8	82 Street Address (P.O. Box Number is Not Acceptable)			
. 197	PLEO PL 34104		8	3			
			8	4 City	FL 85 Zip Code		
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							
	Signature, typed or printed name of registered agent and life if applicab	le (NOTE. Re	ř	gent signa	urc required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	054576	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE .	1.1 TITLE		Change Addition		
NAME	LYNCH, EDWIND		1.2 NAM	E			
STREET ADDRESS	1716 KINGS LAKE BLVD		1.3 STRE	ET ADDRES	s (
CITY-SI-ZIP	NAPLES FL		1.4 CITY	-ST-7IP			
TITLE	SVP	☐ DELET E	21 TITLE		Change L Addition		
NAME	LYNCH, BARBARA		2.2 NAMI	E			
STREET ADDRESS	1716 KINGS LAKE BLVD.		2.3 STRE	ET ADDRES	s		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY	- ST - ZIP			
TITLE	VP	DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	NESE, PATRICIA		3.2 NAM	E			
STREET ADDRESS	731 98TH ST. N.		3.3 STRE	et addres	s		
CITY-ST-ZIP	NAPLES FL		3.4. CITY	- ST- ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAM	ΙE			
STREET ADDRESS			4.3 STRE	ET ADDRES	s		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE .	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRES	s I		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE .		DELETE	61 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	E1 ADDRES	s		
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 acciver 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 or an attachment with an address.							

Country

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