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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064292 (3)

1. Corporation Name
MARKETING EDGE, INC.



Principal Place of Business
1237 HERNANDEZ BLVD.
ST. AUGUSTINE FL 32084

Mailing Address
1237 HERNANDEZ BLVD.
ST. AUGUSTINE FL 32084-5376

3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 04/23/1996
4. FEI Number 59-3263146	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 21 405 Old Quarry Road Suite, Apt. #, etc. 22 City & State 23 St. Augustine, Florida Zip 24 32084 Country 25 USA	2a. Mailing Address 26 405 Old Quarry Road Suite, Apt. #, etc. 27 City & State 28 St. Augustine, Florida Zip 29 32084 Country 30 USA
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9. Name and Address of Current Registered Agent

LEONE, DIANE P
1237 HERNANDEZ BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name Diane P. Leone	82 Street Address (P.O. Box Number is Not Acceptable) 405 Old Quarry Road	83	84 City St. Augustine	FL	85 Zip Code 32084
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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 Diane P. Leone President/Owner 4-25-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE P/D President/Owner	☒ Change ☐ Addition
NAME LEONE, DIANE P		1.2 NAME Diane P. Leone	
STREET ADDRESS 1237 HERNANDEZ BLVD.		1.3 STREET ADDRESS 405 Old Quarry Rd	
CITY-ST-ZIP ST. AUGUSTINE FL 32084		1.4 CITY-ST-ZIP St. Augustine, FL 32084	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
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		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Diane P. Leone President/Owner 4/25/97 904/422-1000

CR2E034 (9/96)