

07/07/1998 10:20

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$560.00

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUL -9 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 000074009
1. Corporation Name

Edelman Enterprises Inc

Principal Place of Business

Mailing Address

1336 NW 129 Way
Sunrise FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1. Principal Place of Business

31 1336 NW 129 Way

Suite, Apt. #, etc.

2a. Mailing Address

25 Same

Suite, Apt. #, etc.

4. FEI Number

65-0535854

Applied

Not Appl

5. Certificate of Status Desired ☐\$6.75 Addtl
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May
Added to Fee8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

22 City & State

Sunrise FL

27 City & State

City & State

23 Zip

33323

Country

28 Country

29 Zip

Country

9. Name and Address of Current Registered Agent

Sharon L. Edelman
1336 NW 129 Way
Sunrise FL 33323

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required at submission)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. ☐ DELETE
TITLE Director
NAME Sharon L. Edelman
STREET ADDRESS 1336 NW 129 Way
CITY-ST-ZIP Sunrise FL 33323

13. ☒ Change
1.1 TITLE President + Director
1.2 NAME Sharon L. Edelman
1.3 STREET ADDRESS 1336 NW 129 Way
1.4 CITY-ST-ZIP Sunrise FL 33323

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 100002587441--2
2.4 CITY-ST-ZIP -07/14/98--01006--003
2.5 *****61.25 *****61.25

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(b), Florida Statutes. I further certify that the information 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 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

Sharon L. Edelman

9/7/98