


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

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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90029 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000089520					
1. Corporation Name EDGEWATER LODGE INC.					
Principal Place of Business 65651 OVERSEAS HWY LONG KEY FL 33001			Mailing Address P O BOX 799 LONG KEY FL 33001 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 EDGEWATER LODGE		2a. Mailing Address 26 P O BOX 799		3. Date Incorporated or Qualified 01/04/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0550825 Applied For Not Applicable	
City & State 23 LONG KEY, FL		City & State 28 LONG KEY, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33001		Zip 29 33001		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 MONROE		Country 30 MONROE		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PFAFF, PAUL A 65651 OVERSEAS HIGHWAY LONG KEY FL 33001			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 607.1508, 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 <u><i>Paul H. Pfaff</i></u> PRESIDENT <u><i>PAUL H. PFAFF</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	PFAFF, PAUL H	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	65651 OVERSEAS HWY	1.1 TITLE			
CITY-ST-ZIP	LONG KEY FL	1.2 NAME			
		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PFAFF, MELINDA L	2.2 NAME			
STREET ADDRESS	65651 OVERSEAS HWY	2.3 STREET ADDRESS			
CITY-ST-ZIP	LONG KEY FL	2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
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 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, with all other like empowered.

SIGNATURE:

Paul H. Pfaff PRESIDENT *PAUL H. PFAFF* PRES.

Date

Daytime Phone #

1-4-98 3056672662

CR2E034 (1/98)