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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000014613 (0) DOCUMENT #

E.D. MANAGEMENT, INC.

Principal Place of Busine	55
155 BRAZILIAN AVE.	

Mailing Address

## **FILED** Apr 23 1997 8:00am Secretary of State



155 BRAZILIAN AVE. PALM BEACH FL 33480		155 Brazilian ave. Palm Beach FL 33480-4	155 Brazilian ave. Palm Beach Fl 33480-4221					
					3. Date Incorporated or Qualified 02/21/1995	3a. Date of La 03/18/19		
	Prace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0565351		Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	h1		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	City & State City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May 8 Added to Fee			
Zip <b>24</b>	Country 25	Zip 29	Count	У		Yes No	ler s. 199.032,	
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Re	gistered Agent		
VA	JUGHN, JÖHN R JR		8	Name				
	155 BRAZILIAN AVE. PALM BEACH FL 33480				82 Street Address (P.O. Box Number is Not Acceptable)			
			8:	3				
			8-			<b>i-</b> - <u>1</u>   _	Zip Code	
		.0502 and 607.1508, Florida Statu Itate of Florida. Such change was bligations of, Section 607.0505, F	ites, the abo authorized to forida Statut	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of chang of the appointmen	ing its registered it as registered	
SIGNATURE	Signature, typed or printed name of registere	d agent and little if applicable (NO	TE: Registered A	gent signature requ	uired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	PD	DELETE	1.1 TITLE			Cha	ange 🔲 Addition	
NAME	VAUGHN, JOHN R JR		1.2 NAMI	:				
STREET ADORESS	400 000 000 1441 415		1.3 STRE	et address				
CITY-ST-ZIP	DALLA DE A OLI EL 00400		1.4 CiTY	-ST-ZIP				
TITLE			21 TITLE			☐ Ch	ange 🔲 Addition	
NAME			2.2 NAM	E				
STREET AUDRES	s		2.3 STRE	ET ADDRESS				
CHTY - ST - ZIP	1		2. 4 CITY	-ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Ch	ange 🔲 Addition	
NAME			3.2 NAM	E		T. T.		
STREET ADDRESS	s		3.3 STAE	ET ADDRESS				
CITY-SI ZIP			3.4. CITY	-ST-ZIP				
THLE		DELETE	4.1 TITLI			☐ Ch	ange 🔲 Addition	
NAME			4. 2 NAN	IE.				
STREET ADDRES	5		4.3 STR	ET ADDRESS				
City-St-ZiP			4.4 CITY	- ST- ZIP				
TITLE		DELETE 5.1				Ch	ange 🔲 Addition	
NAME			5.2 NAM	E				
STREET ADORES	s		5.3 STR	ET ADDRESS				
CITY-\$1-Z0°			5.4 City	- ST - ZIP				
TITLE		DELETE	6.1 TITL	E		☐ Ch	ange L. Addition	
NAME			62 NAM	E				
STREET ADDRES	8		63 STRI	ET ADDRESS				
CITY-ST-7P			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 or agree or a product of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

JEHUR Vay ( w. Jr Pres 4-20.87