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PROFIT CORPORATION 'ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000023894 (5) **DOCUMENT #**

COMPETITIVE EDGE ASSOCIATES, INC.

Principal Place of Business Mailing Address 7479 NW 4TH ST 7479 NW 4TH ST PLANTATION FL 33317 PLANTATION FL 33317 3. Date Incorporated or Qualified 3a. Date of Last Report FIRST FILING 03/24/1995 2a. Mailing Address 2. Principal Place of Business Applied For 6240 SW 6240 S.W. 8 ct. CT Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be PLANTATION PLANTATION 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s 199.032, Country 33317 Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name LEVITT, PRESTON C Street Address (P.O. Box Number is Not Acceptable) 8211 W BROWARD BLVD, PH 4 83 **PLANTATION FL 33324** 84 City 85 Zip Code 1. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and titriif applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE TITLE CR2E034 SIROTOWITZ, MARVIN 1.2 NAME NAME % 7479 NW 4TH ST 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33317** 14 CHTY - ST - ZiP CITY-ST-ZIP Change Addition DELETE 2. 1 TITLE TITLE GOLDBERGER, STU 2.2 NAME NAME % 7479 NW 4TH ST 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY-S1-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 600001814236 -05/09/96--01010--015 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS ***200.00 4.4 CITY - ST - ZIP CITY-ST-ZIP TT DELETE 5. 1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Floride 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 certify 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 allacting on the receiver of the corporation of the receiver of the corporation of the receiver of 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 allacting on the receiver of the corporation of the cor

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CITY-ST-ZIP

TURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIROT OW 172 4/29/96