

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

FILED
 May 14 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 # P95000065157

1. Corporation Name
 EDISON3, INC

Principal Place of Business: 7502 ARMAND CIRCLE TAMPA FL 33634
 Mailing Address: 6040 DENVER ST NE ST. PETERSBURG FL 33703-1808 US

8. Date Incorporated or Qualified: 08/21/1995
 9a. Date of Last Report: 5/1/96
 4. FEI Number: 69-3334467
 Applied For: Not Applicable
 6. 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
 1. Sute, Apt. #, etc.
 2. City & State
 3. Zip Country
 4. Mailing Address
 25. Sute, Apt. #, etc.
 27. City & State
 28. Zip Country

8. Name and Address of Current Registered Agent
 NICHOLSON, LARRY
 6040 DENVER ST. NE
 ST. PETERSBURG FL 33703

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 607.0605, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: MICHAEL R. FREDERICK	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PRESIDENT		1.2 NAME	
STREET ADDRESS: 7502 ARMAND CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP: TAMPA FL 33634		1.4 CITY-ST-ZIP	
TITLE: VICE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LARRY NICHOLSON		2.2 NAME	
STREET ADDRESS: 6040 DENVER ST NE		2.3 STREET ADDRESS	
CITY-ST-ZIP: ST. PETERSBURG FL 33703		2.4 CITY-ST-ZIP	
TITLE: SEC/TREASURER	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LOUIS A ALCARIN		3.2 NAME	
STREET ADDRESS: 5868 DIEGO ST APT B		3.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO FL 32807		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	

Handwritten: LW 5-14-97

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4. 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: SIGNATURE REQUIRED *Larry Nicholson U.P.*