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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000065878

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90007 008 \*\*\*150.00

1. Corporation	'S EDGE, INC						
IVATORE	S EUGE, INC.					T 1001/001 FIO 10101 OURT ORBIT DON'T BOTH BOTH BOTH DISTRIBUTE IN 10171 (2001 1017)	
Principal Place of Business Mailing Address						110011201 tie 16161 Billi Billi Gelin Bolli Brito Bulli and and and and and an anni and a	
699 NW AIROSO BLVD 699 NW AIROSO BLVD							
PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983						DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualifed	
						08/25/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26	1 1			65-0608904 Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del>} </del>			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State	•	City & State	<b>⊢</b> ′			6. Election Campaign Financing \$5.00 May Be	
23	Country	Zip Country			<del></del>		
Zip	Country	29 Zip	30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No	-
24	25   29   9. Name and Address of Current Registered Agent			L		10. Name and Address of New Registered Agent	
o. Haine and Addition of Carton regions and right					Name		
GUIMOND, ROBERT R				82 Street Addres		ress (P.O. Box Number is Not Acceptable)	
	NW AIROSO BLVD T ST. LUCIE FL 34983						
PUR	1 31. LUCIE FL 34303			83			
				84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was authorities of the state of Florida.					-named corp	poration submits this statement for the purpose of changing its registered	ed
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was a ations of, Section 607.0505, Fl	orida Sta	etutes.	une corporatio	on 5 doard of directors. Thereby accept the appointment as regional of	
SIGNATURE							1
	Signature, typed or printed name of registered age		E: Register		t signature require	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
12.	37770271071110 011120707110		TITLE		☐ Change ☐ Ad	_	
NAME	_		NAME				
STREET ADDRESS	699 NW AIROSO BLVD		1.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983			CITY-SI			
TITLE				TITLE		☐ Change ☐ Ad	dition
NAME	221		NAME	1			
STREET ADDRESS	DORESS		2.3	2.3 STREET ADDRESS			
CITY-ST-ZIP	,		2, 4	2, 4 CITY+ST+ZiP			
TIFLE	☐ DELETE 3		3.1	TITLE	1	☐ Change ☐ Ad	dition
NAME	3.		3.2	NAME			
STREET ADDRESS	TADDRESS 33			STREET	ADDRESS.		in the state of th
CITY-ST-ZIP				CITY-S	T-ZIP	☐ Change ☐ Ac	dition
ШЕ	·			TITLE		[] Change [] Ad	CI-SOIT
NAME			NAME			)	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			CITY-ST	1-ZIP	☐ Change ☐ Ac	dition	
TITLE		_		NAME			
NAME CTREET ADDRESS				ADDRESS			
STREET ADDRESS	ss)			CITY-S1	ì		Ì
CITY-ST-ZiP			TITLE		. Change Ac	dition	
NAME			6.2	NAME			
				STREET	ADDRESS		1
					1		ı

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:

ISNATURE AND TYPEO OF PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

4/15/99

Daytime Phone #

CR2E034 (11/98)