

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086753 (7)

1. Corporation Name

EDWARD ALDEN ENTERPRISES, INC



Principal Place of Business

3344 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

Mailing Address

3344 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 County

24 9. Name and Address of Current Registered Agent

COHEN, MITCHELL
3344 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/09/1995

3a. Date of Last Report

4. FEI Number

65-0622016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 607.0602 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. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of, Section 607.0604, Florida Statutes.

SIGNATURE

Signed and sworn to before me on this _____ day of _____, 1996.

Signed and sworn to before me on this _____ day of _____, 1996.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
COHEN, MITCHELL
3344 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
COHEN, DALE B
3344 S. FEDERAL HWY.
FT. LAUDERDALE FL 33316

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY-STATE-ZIP

SIGNATURE: *Mitchell Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MITCHELL COHEN

2/16/96

954-763-2666

CR2E034 (12/95)