

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

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # P96000008906 (5)

1. Corporation Name
THE EDGE OF ART, INC.

Principal Place of Business
121 A TARPON AVENUE
TARPON SPRINGS FL

Mailing Address
121 A TARPON AVENUE
TARPON SPRINGS FL 34689



2. Principal Place of Business

21 121-A EAST TARPON AVE

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 121-A EAST TARPON AVE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

N/A

4. FEI Number

650638494

Applied For

Not Applicable

5. 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

9. Name and Address of Current Registered Agent

EDWARDS, MARYANN
121 A TARPON AVENUE
TARPON SPRINGS FL

10. Name and Address of New Registered Agent

81 Name

DONALD S. EDWARDS

82

Street Address (P.O. Box Number is Not Acceptable)

121-A EAST TARPON AVENUE

83

TARPON SPRINGS FL

34689

84

City

FL

Zip Code

34689

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 607.0505, Florida Statutes.

SIGNATURE

DONALD S. EDWARDS

DONALD S. EDWARDS

DATE 3/3/97

12. OFFICERS AND DIRECTORS

TITLE PS ☒ DELETE

NAME EDWARDS, MARYANN
STREET ADDRESS 121 A TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME EDWARDS, DONALD S.
STREET ADDRESS 121 A EAST TARPON AVENUE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC/TREAS ☒ Change ☐ Addition

1.2 NAME EDWARDS, MARYANN
1.3 STREET ADDRESS 121-A EAST TARPON
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address.

SIGNATURE:

MARYANN EDWARDS

1/30/97

813-934-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)