

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

FILED
Mar 17 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 # P96000021514 (0)

1. Corporation Name
EDGERO, INC.



Principal Place of Business

5129 CASTELLO DR
SUITE 2
NAPLES FL 33940

Mailing Address

5129 CASTELLO DR
SUITE 2
NAPLES FL 34103-1903

2. Principal Place of Business

21 5100 N. TAMIAMI TRAIL

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 NAPLES, FLORIDA

Zip

Country

24 34103

25

U.S.

2a. Mailing Address

26 5100 N. TAMIAMI TRAIL

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 NAPLES, FLORIDA

Zip

Country

29 34103

30

U.S.

3. Date Incorporated or Qualified

03/05/1996

3a. Date of Last Report

4. FEI Number

65-0651521

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

SZEMPRUCH, DAVID J
5129 CASTELLO DR
SUITE 2
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

SZEMPRUCH, DAVID J

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

5100 N. TAMIAMI TRAIL

83

SUITE 201

84 City

NAPLES,

FL

85 Zip Code

34103

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

Signature type (e.g. printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition

1.2 NAME SWART, GERARD

1.3 STREET ADDRESS 5100 N. TAMIAMI TRAIL, SUITE 201

1.4 CITY- ST- ZIP NAPLES, FLORIDA 34103

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

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, changed, or on an attachment with an address.

SIGNATURE:

GERARD J L SWART (941262 5007)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-97 Date

Daytime Phone #

CR2E034 (9/96)