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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name P96000021514 (0) EDGERO, INC.

FILED Apr 23 1998 8:00am Secretary of State

|--|

rilliciparriac	e or nosmess	Maining Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5100 N. TAMI	AM TRAIL	5100 N. TAMIAMI TRAIL				
STE 201 NAPLES FL 3	4100	STE 201		DO NOT WRITE IN THIS SPACE		
US	4103	NAPLES FL 33940 US		3. Date Incorporated or Qualified		
""		03		•		
2. Principal P	lace of Husiness	2a. Mailing Address		03/05/1996 4. FEI Number Applied For		
21 300	MISTY PINES CIR		Y PINES	7,55100101		
Suite, Apt	*, etc C 201	Suite, Apt #, etc.		CO 75		
22 NA	PLES P	27 CIRCLE	0201	5. Certificate of Status Desired Fee Required		
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28 NAPLES	, FL	Trust Fund Contribution Added to Fees		
Z-POLL	Country	78/11/00	Country	This corporation owes or has paid the current year Intancible		
24 07/1	25 COLLIER		30 COLLIA			
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent		
SZEMPRUCH, DAVIÐ J				SWAKI, DERAKU 1 G		
5100 N. TAMIAMI TRAIL			82 Street	Address (P.O. Box Number is Not Acceptable)		
STE	E 201			82 Street Address (P.O. Box Number is Not Acceptable) 300 Mistry Prints Cir C201		
NA!	PLES FL 34103		83			
			84 City	A/A A		
			City	NAPLES FL 85 Zip Code 34/05		
11. Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named	COMOMBION Submits this statement for the purpose of changing its registered.		
j omce or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	l Florida. Such change was ai	uthorized by the corr	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	,					
Sidivations	Signature, typed or protect name of negistered agent	and the dapperable (NOT)	Registered Agent signature	required when reinstaling) DATE		
12.	OFFICERS AND	DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THILE	P	☐ DELETE	1 † TITLE	SIMPLE CONTROL Addition		
NAME	SWART, GERARD		1.2 NAME	SWILL GENERAL COLOR COM		
STREET ADDRESS	5100 N. TAMIAMI TRAIL, STE 2	201	13 STREET ADDRESS	300 MIZH PINES CIR CZUI		
CHTY - ST - ZIP	NAPLES FL		14 CtTY - ST - ZtP	SWART, GERARD Change Addition 300 MISTY PINES CIR C201 NAPLES, FL 34105		
TITLE		DELETE	2 1 11TLE	Change Addition		
NAME			22 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
City-St-ZiP			2 4 CITY - ST-ZIP			
TITLE		DELETE	3.1 TITLE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE	Change Addition		
NAME		—	4 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELFTE	5.1 TULE	Change Addition		
NAME			5.2 NAME	Cronge C Admini		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY ST-ZIP			B 1			
TITLE		DELETE	5.4 CITY - ST - 7IP 6.1 TITLE	Change Addition		
NAME				L ⊂nange		
į.			6 2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-SI-ZIP			6 4 CITY - ST - ZIP			
14. I hereby co	erbfy that the information supplied with	this filing does not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

indicated on this annual report or supplymental 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 of 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, of the an attachment with an address.