

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90031 016 ***150.00

DOCUMENT # P96000050599

1. Corporation Name
THE AMERICAN EDGE, INC.

Principal Place of Business
4225 N.W. 88 AVENUE, #168
SUNRISE FL 33351

Mailing Address
4225 N.W. 88 AVENUE, #168
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1996

4. FEI Number
65-0673069

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 10413 SW 50 PLACE
Suite, Apt. #, etc.

2a. Mailing Address

26 (Same)
Suite, Apt. #, etc.

City & State

23 COOPER CITY, FL

City & State

28

Zip Country

24 33328 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

GRAMS, STEVEN
7040 W PALMETTO PK RD #289
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name
(Same)
82 Street Address (P.O. Box Number is Not Acceptable)
4611 S. UNIVERSITY DR., #180
83
84 City
DAVIE FL 85 Zip Code
33328

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GRAMS, JENNIFER
STREET ADDRESS 4225 N.W. 88 AVENUE, #168
CITY-ST-ZIP SUNRISE FL 33351

TITLE VP ☐ DELETE

NAME GRAMS, STEVEN
STREET ADDRESS 7040 W PALMETTO PARK RD #289
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME GRAMS, JENNIFER

1.3 STREET ADDRESS 10413 SW 50 PLACE

1.4 CITY-ST-ZIP COOPER CITY, FL 33328

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME GRAMS, STEVEN

2.3 STREET ADDRESS 4611 S. UNIVERSITY DR., #180

2.4 CITY-ST-ZIP DAVIE, FL 33328

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 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 lines empowered.

SIGNATURE: JENNIFER GRAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/99 954-916-5713
Date Daytime Phone #

CR2E034 (1/98)