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
May 09 1997 8:00 am
Secretary of State

DOCUMENT # P96000068833

1. Corporation Name
EDWARD ALEXIS GROUP, INC.

Principal Place of Business
436 RIDGEWOOD ST.
ALTAMONTE SPRINGS, FL.
32701

Mailing Address
SAME

3. Date Incorporated or Qualified: 8/96
3a. Date of Last Report: N/A

2. Principal Place of Business
21 436 RIDGEWOOD ST.
Suite, Apt. #, etc. 22 —
City & State 23 ALTAMONTE SPRINGS, FL.
Zip 24 32701 Country 25 SEMINOLE

2a. Mailing Address
26 436 RIDGEWOOD ST.
Suite, Apt. #, etc 27 —
City & State 28 ALTAMONTE SPRINGS, FL.
Zip 29 32701 Country 30 SEMINOLE

4. FEI Number: 59-3394777 ☐ 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
AMERILAWYER CHARTERED
343 ALMERIA AVE.
CORAL GABLES, FL. 33134

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DIRECTOR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAMELA MARIAROSSI		1.2 NAME		
STREET ADDRESS	436 RIDGEWOOD ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		1.4 CITY-ST-ZIP		
TITLE	PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAMELA MARIAROSSI		2.2 NAME		
STREET ADDRESS	436 RIDGEWOOD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		2.4 CITY-ST-ZIP		
TITLE	SECRETARY	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PAMELA MARIAROSSI		3.2 NAME		
STREET ADDRESS	436 RIDGEWOOD ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		3.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAMELA MARIAROSSI		4.2 NAME		
STREET ADDRESS	436 RIDGEWOOD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

cc 5/6

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***173.75

CR2E034 (9/96)

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 a 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: Pamela Mariarossi PAMELA MARIAROSSI 5/1/97 (407) 831-8653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #