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FILED  
May 08 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 # P96000083745  
1. Corporation Name  
COMPETITIVE EDGE MANAGEMENT GROUP.

Principal Place of Business Mailing Address  
4795 SQUIRES DR  
TITUSVILLE, FL  
32796

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 4795 SQUIRES DR  
22 City & State 27 NIA  
23 Zip 28 TITUSVILLE, FL  
24 Country 29 32796 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
OCTOBER 7, 1996  
4. FEI Number 59-3380148 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  
JERRY WALLER  
3560 NW 34 PL  
P.O. BOX 5187  
GAINESVILLE, FL 32605

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 (Signature of registered agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JERRY WALLER
STREET ADDRESS		1.3 STREET ADDRESS	3560 NW 34 PL
CITY- ST- ZIP		1.4 CITY- ST- ZIP	GAINESVILLE, FL 32605
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RICHARD TRUDO
STREET ADDRESS		2.3 STREET ADDRESS	4795 SQUIRES DR
CITY- ST- ZIP		2.4 CITY- ST- ZIP	TITUSVILLE, FL 32796
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LINDA TRUDO
STREET ADDRESS		3.3 STREET ADDRESS	4795 SQUIRES DR
CITY- ST- ZIP		3.4 CITY- ST- ZIP	TITUSVILLE, FL 32796
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BARBARA WALLER
STREET ADDRESS		4.3 STREET ADDRESS	3560 NW 34 PL
CITY- ST- ZIP		4.4 CITY- ST- ZIP	GAINESVILLE, FL 32605
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *[Signature]* Date: April 30/97 (407) 267-3309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)