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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000083745 (5)

THE COMPETITIVE EDGE MANAGEMENT GROUP, INC.

| Principal Place of Business 4785 SQUIRES DR. TITUSVILLE FL 32796 | Mailing Address 4795 SOUIRES DR. TITUSVILLE FL 32796 | |
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| | | |

FILED May 18 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1996 FEI Number Applied For 59-3380148 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ziφ Country Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALLER, JERRY ICHARD 3560 NW 34TH ST **GAINESVILLE FL 32605** 83 ITUSVILLE 11. Pursuant to the provisions of Sections 607 e002 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 Folida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar high, and computing the obligations of Section 607 0505. Florida Statutes. SIGNATURE 12. ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TTLE Change WALLER, JERRY M NAME 1.2 NAME 3560 NW 34TH ST STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIP 1.4 C TY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition TRUDO, RICHARD NAME 4795 SQUIRES DR. STREET ADDRESS 2.3 STREET ADDRESS **TITUSVILLE FL 32796** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3 1 TITLE TITLE Change Addition TRUDO, LINDA NAME 3.2 NAME 4795 SQUIRES DR. STREET ADDRESS 33 STREET ADDRESS TITUSVILLE FL 32796 CITY-ST-ZIP 3.4. CITY - ST - ZIP ___ DELETE TITLE 4.1 TITLE Change Addition WALLER, BARBERA NAME 4. 2 NAME 3560 NW 34 PL STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5 1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 61TITLE ☐ Change ___ Addition NAME STREET ADDRESS 63 STREET ADDRESS 64 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 of the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE

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