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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 960000 86276 (8) OK					
1. Corporation Name EDR ACQUISITION CORPORATION					
Principal Place of Business 4385 CHULUOTA RD ORLANDO, FL 32820			Mailing Address 4385 CHULUOTA RD ORLANDO, FL 32820		
2. Principal Place of Business 21 4385 CHULUOTA RD Suite, Apt. #, etc.		2a. Mailing Address 26 4385 CHULUOTA RD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/18/1996	
22 City & State ORLANDO, FL		27 City & State ORLANDO, FL		4. FEI Number 59-3416806 Applied For ☐ Not Applicable	
23 Zip 32820 Country US		29 Zip 32820 Country US		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 32820 25 US		30 32820 31 US		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent EDUARDO A. RABEL 4385 CHULUOTA RD ORLANDO, FL 32820			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 607.1008, 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 Eduardo A. Rabel - President DATE 2/8/1999 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D NAME RABEL, EDUARDO ☐ DELETE STREET ADDRESS 4385 CHULUOTA RD CITY-ST-ZIP ORLANDO, FL 32820			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 like empowered.

SIGNATURE:

Eduardo A. Rabel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)