

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 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 # P96000086697 (5)

1. Corporation Name
EDE GROUP, INC.



Principal Place of Business
28870 US 19 N
SUITE 230
CLEARWATER FL 34621

Mailing Address
28870 US 19 N
SUITE 230
CLEARWATER FL 34621-2564

3. Date Incorporated or Qualified
10/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number
59-3407259

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

10. Name and Address of New Registered Agent

DONIZETTI, MARIA
950 CARSTAIRS CT
TARPON SPRINGS FL 34689

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, typed 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 D ☐ DELETE
NAME DONIZETTI, LARRY
STREET ADDRESS 950 CARSTAIRS CT
CITY-ST-ZIP TARPON SPRINGS FL 34689

1.1 TITLE CMD ☒ Change ☐ Addition
1.2 NAME Donizetti, Larry
1.3 STREET ADDRESS 905 Carstairs Ct.
1.4 CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE D ☐ DELETE
NAME EUBANKS, ROBERT
STREET ADDRESS 3617 ROBLAR AVE
CITY-ST-ZIP SANTA YNEZ CA 93460

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Eubanks, Robert
2.3 STREET ADDRESS 3617 Roblar Ave
2.4 CITY-ST-ZIP Santa Ynez, CA 93460

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE STVD ☐ Change ☒ Addition
3.2 NAME Donizetti, Maria
3.3 STREET ADDRESS 905 Carstairs Ct.
3.4 CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E034 (9/96)