
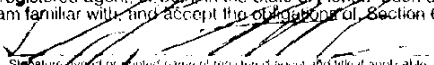


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 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 20870 US 19 N SUITE 230 CLEARWATER FL 34621		Mailing Address 20870 US 19 N SUITE 230 CLEARWATER FL 34621	
2. Principal Place of Business 21 40377 US Hwy 19 N Suite, Apt. #, etc. 22 Ste 136 City & State 23 Tarpon Springs, FL Zip 24 34689 Country 25 USA		2a. Mailing Address 26 P.O. Box 1076 Suite, Apt. #, etc. 27 City & State 28 Tarpon Springs, FL Zip 29 34688 Country 30 USA	
9. Name and Address of Current Registered Agent DONIZETTI, MARIA 950 CARSTAIRS CT TARPON SPRINGS FL 34689		10. Name and Address of New Registered Agent 81 Name Gary Strohauser 82 Street Address (P.O. Box Number is Not Acceptable) 1150 Cleveland Street 83 Ste 300 84 City Clearwater 85 Zip Code FL 34615	
11. Pursuant to the provisions of Sections 607.0602 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:  DATE: 4/27/98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD DONIZETTI, LARRY 950 CARSTAIRS CT TARPON SPRINGS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EUBANKS, ROBERT 3617 ROBLAR AVE SANTA YNEZ CA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD DONIZETTI, MARIA 905 CARSTAIRS CT TARPON SPRINGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	C Norman Levy 4965 Queenflorencia Lane Woodland, CA 91364 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.			

SIGNATURE:

Maria Donizetti, STVD 4-27-98

CR2E034 (10/97)