

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

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**Feb 21 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 # P96000101216 (5)**

1. Corporation Name  
**PARKEDGE ENTERPRISES INC.**



Principal Place of Business Mailing Address  
**8210 PARKEDGE DR TAMPA FL 33637** **8210 PARKEDGE DR TAMPA FL 33637-1007**

3. Date incorporated or Qualified **12/13/1996** 3a. Date of Last Report **N/A**  
4. FEI Number **59-34099-10** 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

2. Principal Place of Business 2a. Mailing Address  
21 **8210 parkedge DR** 26 **same**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27  
23 **Tampa FL 33637** 28  
Zip Country 29 Zip Country 30  
24 **33637** 25 **Hillib.**

9. Name and Address of Current Registered Agent  
**MANSOUR, GUS  
8210 PARKEDGE DR  
TAMPA FL 33637**

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 Ghassan Mansour **2-11-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>MANSOUR, GUS</b>                      |
| STREET ADDRESS             | <b>8210 PARKEDGE DR</b>                  |
| CITY-ST-ZIP                | <b>TAMPA FL 33637</b>                    |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>Dalal mansour Vpres</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | <b>Dalal mansour</b>  |
| 1.3 STREET ADDRESS                                    | <b>8210 parkedge DR</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>Tampa FL 33637</b>   |
| 2.1 TITLE   | <b>V. president</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| 2.2 NAME  | <b>Ahmed mansour</b>  |
| 2.3 STREET ADDRESS                                    | <b>8210 parkedge DR</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>Tampa FL 33637</b>   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Ghassan Mansour **2-11-97** (813) 971-5859  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0007063

CR2E034 (9/96)