

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

**FILED**  
**Jul 14 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 # **P96000101216**  
 1. Corporation Name  
**Parkedge Enterprises Inc.**

Principal Place of Business / Mailing Address  
**8210 Parkedge DR  
 Tampa FL 33632**

2. Principal Place of Business / 2a. Mailing Address  
 21. **Same** / 26. **Same**  
 22. Suite, Apt #, etc. / 27. Suite, Apt #, etc.  
 23. City & State / 28. City & State  
 24. Zip / 25. Country / 29. Zip / 30. Country

DO NOT WRITE IN THIS SPACE

3. Date filed (month & day)  
**12-13-96**

4. FEI Number  
**59-3404910**

5. Certificate of States Desired  **\$8.75 Additional Fee Required**

6. Has the corporation authorized the filing of a statement of financial condition?  **\$5.00 May Be Added to Fees**

7. Has the corporation ever or has it paid the current year (including Personal Property Tax) as of June 30  Yes  No

9. Name and Address of Current Registered Agent  
**Gus Mansour  
 8210 Parkedge DR  
 Tampa FL 33632**

10. Name and Address of New Registered Agent  
 B1. Name **N/A**  
 B2. Street Address (P.O. Box, Char. of Fed. & Contable)  
 B3. City  
 B4. State **FL** B5. Zip

11. Pursuant to the provisions of Sections 607 (2)(c) and 607 (2)(d) of the Florida Statutes, the undersigned corporation hereby certifies that the information furnished for the purpose of changing its registered office or registered agent, or both, in this State, is true and correct to the best of its knowledge and belief, and that the corporation's board of directors, if any, authorized the appointment of the registered agent named herein, and accept the obligations of Section 607 (2)(c) and (d) of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDRESS OF EACH OFFICER AND DIRECTOR	
12.1 NAME	<b>Ahmed Mansour VP</b>	13.1 NAME	<b>Ghassan Mansour</b>
12.2 STREET ADDRESS	<b>8210 Parkedge DR</b>	13.2 STREET ADDRESS	<b>8210 Parkedge DR</b>
12.3 CITY-STATE-ZIP	<b>Tampa FL 33632</b>	13.3 CITY-STATE-ZIP	<b>Tampa FL 33632</b>
12.4 TITLE	<b>Do Lo L Mansour</b>	13.4 TITLE	
12.5 NAME	<b>Do Lo L Mansour</b>	13.5 NAME	
12.6 STREET ADDRESS	<b>8210 Parkedge DR</b>	13.6 STREET ADDRESS	
12.7 CITY-STATE-ZIP	<b>Tampa FL 33632</b>	13.7 CITY-STATE-ZIP	
12.8 TITLE	<b>Ghassan Mansour</b>	13.8 TITLE	
12.9 NAME	<b>Ghassan Mansour</b>	13.9 NAME	
12.10 STREET ADDRESS	<b>8210 Parkedge DR</b>	13.10 STREET ADDRESS	
12.11 CITY-STATE-ZIP	<b>Tampa FL 33632</b>	13.11 CITY-STATE-ZIP	
12.12 TITLE		13.12 TITLE	
12.13 NAME		13.13 NAME	
12.14 STREET ADDRESS		13.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP		13.15 CITY-STATE-ZIP	
12.16 TITLE		13.16 TITLE	
12.17 NAME		13.17 NAME	
12.18 STREET ADDRESS		13.18 STREET ADDRESS	
12.19 CITY-STATE-ZIP		13.19 CITY-STATE-ZIP	
12.20 TITLE		13.20 TITLE	
12.21 NAME		13.21 NAME	
12.22 STREET ADDRESS		13.22 STREET ADDRESS	
12.23 CITY-STATE-ZIP		13.23 CITY-STATE-ZIP	
12.24 TITLE		13.24 TITLE	
12.25 NAME		13.25 NAME	
12.26 STREET ADDRESS		13.26 STREET ADDRESS	
12.27 CITY-STATE-ZIP		13.27 CITY-STATE-ZIP	
12.28 TITLE		13.28 TITLE	
12.29 NAME		13.29 NAME	
12.30 STREET ADDRESS		13.30 STREET ADDRESS	
12.31 CITY-STATE-ZIP		13.31 CITY-STATE-ZIP	
12.32 TITLE		13.32 TITLE	
12.33 NAME		13.33 NAME	
12.34 STREET ADDRESS		13.34 STREET ADDRESS	
12.35 CITY-STATE-ZIP		13.35 CITY-STATE-ZIP	
12.36 TITLE		13.36 TITLE	
12.37 NAME		13.37 NAME	
12.38 STREET ADDRESS		13.38 STREET ADDRESS	
12.39 CITY-STATE-ZIP		13.39 CITY-STATE-ZIP	
12.40 TITLE		13.40 TITLE	

14. I, the undersigned, certify that the information supplied herein is true and correct to the best of my knowledge and belief, and that I am duly authorized to execute this report on behalf of the corporation.

SIGNATURE: **Ghassan Mansour** / 4/22/98 / (813) 971-5859

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