

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000001273 (6)

1. Corporation Name

EDMORE INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O FAMILY DELIGHT 1750 UNIVERSITY DR. SUITE 225 CORAL SPRINGS FL 33071	Mailing Address C/O FAMILY DELIGHT 1750 UNIVERSITY DR. SUITE 225 CORAL SPRINGS FL 33071
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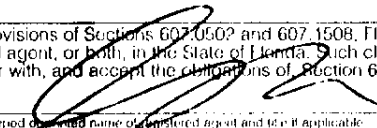
2. Principal Place of Business 21 1750 UNIVERSITY DR Suite, Apt. #, etc. 22 215 City & State 23 CORAL SPRINGS Zip 24 33071 Country 25 USA	2a. Mailing Address 26 1750 UNIVERSITY DR Suite, Apt. #, etc. 27 215 City & State 28 FL. Zip 29 33071 Country 30 USA
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3. Date Incorporated or Qualified 01/01/1997	4. FEI Number 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent PAWLAK, EDWARD C/O FAMILY DELIGHT 1750 UNIVERSITY DR, SUITE 225 CORAL SPRINGS FL 33071
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10. Name and Address of New Registered Agent 81 Name EDWARD PAWLAK 82 Street Address (P.O. Box Number is Not Acceptable) 1750 UNIVERSITY DR. #215 83 84 City CORAL SPRINGS FL 85 Zip Code 33071
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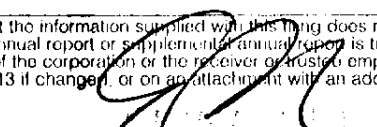
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent's signature required when reinstating) 01/06/98

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PAWLAK, EDWARD
STREET ADDRESS	C/O FAMILY DELIGHT, 1750 UNIVERSITY DR #225
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	VICE-PRESIDENT
1.3 STREET ADDRESS	HENRIET PAWLAK
1.4 CITY-ST-ZIP	7625 N.W. 71 TERRACE PARKLAND FL. 33067
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.

SIGNATURE  01/06/98

CR2E034 (10/97)