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Jun 02 1998 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036232

1. Corporation Name
AMERICAN Edge Products, INC

Principal Place of Business	Mailing Address
3103 Rainbow Rd TAVARES, Fl 32778	3103 Rainbow Rd TAVARES, Fl 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/23/97

2. Principal Place of Business	2a. Mailing Address
21 3103 Rainbow Rd	26 3103 Rainbow Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAVARES, Fl (32778)	City & State 28 TAVARES, Fl
Zip 24 32778 / County 25 Lake	Zip 29 32778 / Country 30 Lake

4. FEI Number: 59-3452201 ☐ 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	10. Name and Address of New Registered Agent
ZOLA STRADLING, PRES 3103 Rainbow Rd TAVARES, Fl 32778 ←	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 607.1007 and 607.1008, 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: Zola Stradling (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	11 TITLE	☐ Change ☐ Addition
NAME	ZOLA STRADLING	12 NAME	
STREET ADDRESS	3103 RAINBOW RD	13 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, Fl 32778	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	000002546440
STREET ADDRESS		53 STREET ADDRESS	-06/03/98--01086--033
CITY-ST-ZIP		54 CITY-ST-ZIP	***158.75
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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 attached sheet, with an address.

SIGNATURE: Zola Stradling 4/22/98 · 352-343-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #