FILED

DOCUMENT # P9700064986 1. Entity Name E.D.M.P.E., INC.					Feb 13, 2002 8:00 am Secretary of State 02-13-2002 90245 002 ***150.00			
Principal Place of Business 629 S.W. FIRST AVENUE FORT LAUDERDALE FL 33301		Mailing Address 629 S.W. FIRST AVENUE FORT LAUDERDALE FL 33301				18 81111 81818 18181	18/18 8/1/ 1881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE .			
City & State		City & State		4. 1	FEI Number 65-0828394 Applied For Not Applicable			
Zip Country		Zip Country		5. (. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	legistered Agent		7. 6	Name and Address of New Registere	<u>`</u>		
			- Name		or and we have the transfer of			
FELD, PETER N P.A. 629 S.W. FIRST AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
FORT LAU	JDERDALE FL 33301							
			City		F	Zip Cod	е	
Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		ite	Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	00 May Be	
11.	OFFICERS AND D		ļ	AD	DITIONS/CHANGES TO OFFICERS A		S IN 11	
NAME	PTD FELD, PETER N 629 S.W. FIRST AVENUE FORT LAUDERDALE FL 33301	NA ST	ILE Me Reet address IY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FELD, ELLEN M 629 S.W. FIRST AVENUE FORT LAUDERDALE FL 33301	NA St	LE Me Reet address IY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST	TLE ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA St	TLE ME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. NA ST	LE Me Reet adoress IY-St-21P			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA STI CIT	LE ME REET ADDRESS Y-ST-ZIP			Change	☐ Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report of poration or the receiver or trustee employ or on an attachment with a follower.	his filing does not qualify for the ex rue and accurate and that my sign ered to execute this report as req th all other like empowered.	emption stated in Se ature shall have the uired by Chapter 607	ection same I 7, Flori	119.07(3)(i), Florida Statutes. I further olegal effect as if made under oath; that da Statutes; and that my name appear	ertify that the in 1 am an officer is in Block 11 or	nformation or director r Block 12 if	

SIGNATURE:

MATURE REQUIRED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28.02

1954)462-1000