

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081183

1. Corporation Name

EDCO DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~100 NE 3RD AVE., SUITE 850~~
~~FT. LAUDERDALE FL 33301~~

~~100 NE 3RD AVE., SUITE 850~~
~~FT. LAUDERDALE FL 33301~~

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90074 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

2. Principal Place of Business

2a. Mailing Address

21 316 NE 4 Street

26 316 NE 4 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

24 Zip

29 Zip

25 Country

30 Country

33301

33301

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HOUSTON & SHAHADY, P.A.~~
~~100 NE 3RD AVE., SUITE 850~~
~~FT. LAUDERDALE FL 33301~~

81 Name Houston & Shahady, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

316 NE 4 Street

83

84 City Fort Lauderdale

FL

85 Zip Code

33301

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

Thomas R. Shahady
Signature, typed or printed name of registered agent and title if applicable

Thomas R. Shahady

3-19-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ~~SHAHADY, THOMAS R.~~

STREET ADDRESS ~~100 NE 3RD AVE., SUITE 850~~

CITY-ST-ZIP ~~FT. LAUDERDALE FL 33301~~

TITLE ☐ DELETE

NAME COX, EDWARD A

STREET ADDRESS 87 NE 44TH ST., SUITE 7

CITY-ST-ZIP FT. LAUDERDALE FL 33334

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

Shahady, Thomas R.

316 NE 4 St.

Fort Lauderdale, FL 33301

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Thomas R. Shahady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-99

954.779.3800

CR2E034 (1/98)