Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90024 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000090914

1. Corporation Name

EDWARD	s consulting servic	ES, INC.						
Principal Place of Business Mailing Address						-	liši dalia inia:	11811 8187 1881
8310 MEADOW BROOK DRIVE 8310 MEADOW BROOK DRIVE								
C-14 C-14						DO NOT WOITE IN THE	CDACE	
LARGO FL 33777 LARGO FL 33777						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						10/23/1998		
Principal Place of Business 2a. Mailing Address						4. FEI Number		plied For
21 26						59-3546900		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 27								•
City & State City & State						6. Election Campaign Financing	\$5.00	May Be to Fees
23		28 - 7io	Cour	ter.		Trust Fund Contribution		(O 1 663
Zip	Country Zip 25 29 3			iu y		8. This corporation owes the current year Inta Personal Property Tax.	∏ Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent	
				81	Name		•	
SARLOUS, ROBERT E 8310 MEADOW BROOK DRIVE				82	Street Address (P.O. Box Number is Not Acceptable)			
C-14				83				
LARGO FL 33777				84	City		85 Zip (Code
						<u>FL</u>		
office or r	opietorod agont or both in the Sta	0502 and 607.1508, Florida Statute ate of Florida. Such change was au ligations of, Section 607.0505, Flor	Ithorized	DV II	-named corpo he corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	hanging its tment as re	registered gistered
SIGNATURE								
	Signature, typed or printed name of registered			Agent	signature required	d when reinstating) DATE	D DIDECTO	NDC (N. 42
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	D DELETE					-	orner an	
NAME	WE GAILEGEO, NODENI E			ME				
STREET ADDRESS 8310 MEADOW BROOK DRIVE, C14					ADDRESS			
CITY-ST-ZIP				14 CITY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	2.1 TITL				□ Criange	Addition
NAME			2.2 NA			•		
STREET ADDRESS			2.3 STF	REET/	ADDRESS	,		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP			Change	Addition
TITLE	DELETE			3.1 TITLE		•	criange	
NAME			3.2 NA					
STREET ADDRESS			3.3 STF	REET	ADDRESS			
CITY-ST-ZIP			3 4. CIT	TY-ST	- ZIP			<u></u>
TITLE		☐ DELETE	4.1 TIT	LE			Change	Addition
NAME			4.2 NA	ME		·		
CTDEET 40000EGG			42 ST	DEET	ADDRESS			

6.4 CITY-ST-ZIP 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 chapter 607, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ DELETE

☐ ÐELETE

☐ Addition

☐ Addition

Change

☐ Change