

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

FILED  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90001 042 \*\*\*550.00

DOCUMENT # P98000105150  
Corporation Name EDGETEC INTERNATIONAL, INC.

Principal Place of Business  
6231 Bent Pine Drive  
Ste. 514A  
Orlando, FL 32822

Mailing Address  
same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified Dec..18, 1998

Principal Place of Business  
same

2a. Mailing Address  
26

4. FEI Number 59-3593393

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

Zip 25 Country

Zip 30 Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mark Carmel  
2218 Vero Beach Lane  
West Palm Beach, FL 33411

81 Name Regan B. Bloss

82 Street Address (P.O. Box Number is Not Acceptable)  
6231 Bent Pine Dr., Ste. 514A,

83

84 City Orlando

FL

85 Zip Code  
32822

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 ☒ Regan B. Bloss September 1, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> DELETE
1. NAME	President/Director	<input type="checkbox"/>
2. ADDRESS	Regan B. Bloss	<input type="checkbox"/>
3. CITY-STATE-ZIP	32822	<input type="checkbox"/>
4. STREET ADDRESS	6231 Bent Pine Dr., #514A, Orl. FL	<input type="checkbox"/>
5. NAME		<input type="checkbox"/>
6. ADDRESS		<input type="checkbox"/>
7. CITY-STATE-ZIP		<input type="checkbox"/>
8. STREET ADDRESS		<input type="checkbox"/>
9. NAME		<input type="checkbox"/>
10. ADDRESS		<input type="checkbox"/>
11. CITY-STATE-ZIP		<input type="checkbox"/>
12. STREET ADDRESS		<input type="checkbox"/>

		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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			

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: Regan B. Bloss, President  
Signature and typed or printed name of signing officer or director

Sept. 1, 1999  
Date Daytime Phone #

CR2E034 (11/98)