

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  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90055 021 \*\*\*150.00

DOCUMENT # P98000106571

1. Corporation Name  
EDEC CORP.

Principal Place of Business

Mailing Address

~~2198 MAIN STREET  
SARASOTA FL 34237~~

~~2198 MAIN STREET  
SARASOTA FL 34237~~

~~1 BEACH DR SE #220~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1998

4. FEI Number

98-0200438

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1 BEACH DR SE

26 1 BEACH DR SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 220

27 STE 220

City & State

City & State

23 ST. PETERSBURG, FL

28 ST. PETERSBURG, FL

Zip

Country

Zip

Country

24 33701

25 USA

29 33701

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAENSCH, P. CHRISTOPHER  
2198 MAIN STREET  
SARASOTA FL 34237

81 Name THOMAS C. ROBERGE, CPA

82 Street Address (P.O. Box Number is Not Acceptable)  
1 BEACH DR SE - STE 220

83

84 City ST. PETERSBURG FL 85 Zip Code 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MELBER, ERNESTO  
STREET ADDRESS 6342 MIDNIGHT PASS RD. #427  
CITY-ST-ZIP SARASOTA FL 34242

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MELBER, ELVIRA  
STREET ADDRESS 6342 MIDNIGHT PASS RD. #427  
CITY-ST-ZIP SARASOTA FL 34242

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.5 STREET ADDRESS ☐ 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:

SIGNATURE/THOMAS ROBERGE, CPA/POA 4/3/99 727/822-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)