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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:56

DOCUMENT # **S11940** **(1)**

1. Corporation Name
EDI MASTERS, INC.

Principal Place of Business	Mailing Address
5980 MIAMI LAKES DR. MIAMI LAKES FL 33014	5980 MIAMI LAKES DR. MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 11/08/1990	3a. Date of Last Report: 01/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0231634	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARRETT, RICHARD G. 1221 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ (Typed or Printed Name of Registered Agent and Title, if Applicable) (Typed or Printed Name of Registered Agent, if Applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MERRICK, ROBERT	12 NAME	
STREET ADDRESS	5980 MIAMI LAKES DRIVE	13 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN, HARRY D.	22 NAME	
STREET ADDRESS	5980 MIAMI LAKES DRIVE	23 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	REID, JOSEPH	32 NAME	
STREET ADDRESS	5980 MIAMI LAKES DRIVE	33 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HONIG, BURTON A	42 NAME	
STREET ADDRESS	5980 MIAMI LAKES DR	43 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	HEINLEIN, JOHN A.	52 NAME	
STREET ADDRESS	5980 MIAMI LAKES DR.	53 STREET ADDRESS	
CITY ST ZIP	MIAMI LAKES FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Heinlein JOHN HEINLEIN VP 1-13-95 (305) 362-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005383 CP