

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S11940 (1)

1. Corporation Name

EDI MASTERS, INC.



Principal Place of Business

**5980 MIAMI LAKES DR.
MIAMI LAKES FL 33014**

Mailing Address

**5980 MIAMI LAKES DR.
MIAMI LAKES FL 33014**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
11/08/1990

3a. Date of Last Report
01/18/1995

4. FEI Number
65-0231634

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARRETT, RICHARD G.
1221 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and third applicant

(NOTE: Registered Agent signature required when installing)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD MERRICK, ROBERT**
STREET ADDRESS **5980 MIAMI LAKES DRIVE**
CITY-STATE-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME **SD SCHULMAN, HARRY D.**
STREET ADDRESS **5980 MIAMI LAKES DRIVE**
CITY-STATE-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME **TD REID, JOSEPH**
STREET ADDRESS **5980 MIAMI LAKES DRIVE**
CITY-STATE-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME **VD HONIG, BURTON A**
STREET ADDRESS **5980 MIAMI LAKES DR**
CITY-STATE-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME **V HEINLEIN, JOHN A.**
STREET ADDRESS **5980 MIAMI LAKES DR.**
CITY-STATE-ZIP **MIAMI LAKES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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 or changed for on an attachment with an address.

SIGNATURE:

John Heinlein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HEINLEIN, VP 1-19-96 (305) 362-2611

CR2E034 (12/95)