

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S17847** (2)

1. Corporation Name  
**EDGEWOOD VILLAGE DEVELOPMENT, INC.**

Principal Place of Business  
~~2117 HOFFNER AVENUE  
ORLANDO FL 32809  
US~~

Mailing Address *de*  
~~2117 HOFFNER AVENUE  
ORLANDO FL 32809  
US~~



2. Principal Place of Business  
21 **2300 JETPORT DR.**  
Suite, Apt. #, etc.

23 **ORLANDO, FL**  
City & State  
24 **32809** 25 **U.S.A.**  
Zip Country

9. Name and Address of Current Registered Agent  
~~MADISON, PETE  
2117 HOFFNER AVENUE  
ORLANDO FL 32809~~  
**DUANE KUCK**

3. Date Incorporated or Qualified  
**12/12/1990**

3a. Date of Last Report  
**07/31/1996**

4. FEI Number  
**59-3056416**

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

10. Name and Address of New Registered Agent  
81 Name **DUANE KUCK**  
82 Street Address **2300 JETPORT DRIVE**  
83 **ORLANDO**  
84 **FL** 85 **32809**  
City 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 607.0503, Florida Statutes.

SIGNATURE *[Signature]* **DUANE KUCK** 1/15/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADISON, PETER</b>	1.2 NAME	
STREET ADDRESS	<b>2117 HOFFNER AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUCK, DUANE</b>	2.2 NAME	<b>DUANE KUCK</b>
STREET ADDRESS	<b>3601 IDLE HOUR</b>	2.3 STREET ADDRESS	<b>2300 JETPORT DRIVE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32809</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **DUANE KUCK** 1/15/97 407-851-4360  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)