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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

SIGNATUR

T# S21569

(6)

Mailing Address

ELECTRONIC RETAIL DELIVERY SYSTEMS, INC.

2. Principal Place of Business 2. Mailing Address 4. FEI Number 2. Principal Place of Business 4. FEI Number 2. Not Applicable 3. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Fee Required 7. Trust Fund Contribution Added to Fees 7. Principal Place of Business 8. 75 Additional Fee Required 8. Trust Fund Contribution Added to Fees 7. Principal Place of Business 8. 75 Additional Fee Required 8. Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	225 S. WESTMONTE DR. STE 3200 ALTAMONTE SPGS FL 32714-4218	225 S. WESTMONTE DR. STE 3200 ALTAMONTE SPGS FL 32714-4218					I a - B			7
22. Maler publishers 22. Maler publishers 23. Maler publishers 24. Maler publishers 25. Maler publish	US	US	US			3. Date Incorporated or Qualified	1			
26 S9-\$045031 Not Applicable S9-\$045031 Not Applicable S9-\$045031 S9-\$75 Additional Pice Required Pice Requi	2. Principal Place of Business	2a. Mailing Address	***************************************	 -			J-1/6			┨
Solicity April 4, etc. Suito, April 4, etc. Suito, April 4, etc	₁	<u> </u>				1		h	 	1
Cry & State	in the contract of the contrac						П	\$8.75	Additional	1
Zap						b. Cermicate of Status Desired		Fee F	equired	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant of the purvisions of Sections 607,0002 and 607,1508. Forida Statutes, the abron-named corporation submits this statement for the purpose of changing list registered diffect or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered diffect or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I are familiar with, and accept the originations of, Section 607,000. Forid Statutes. 11. Pursuant to the purvisions of Sections 607,0002 and 607,1508. Forida Statutes, the abron-named corporation submits this statement for the purpose of changing list registered diffice or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered directors. I hereby accept the appointment as registered agent, and accept the appointment as registered directors. I hereby acce	23	F-3 *								
NEWTON, BRIAN 225 S. WESTMONTE DR. ST 2000 ALTAMONTE SPGS FL 32714 St 2 Street Address (P.O. Box Number is Not Acceptable) ST 2 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O.	24 25	29	29 30			Florida Statutes Yes No				
NEWTON, BRANN 225 S. WESTMONTE DR. STE 3000 ALTAMONTE SPOS FL 32714 ### 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 agent. or intelligence or registered agent, or intelligence or registered agent, or intelligence or registered agent and accept the obligations of, Section 607,0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, and accept the obligations of Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of, Section 607,0505, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered accept the obligation accept the obligation of, Section	9. Name and Address of Current	Registered Agent	·····							
STE 8000 ALTAMONTE SPGS FL 32714 A	NEWTON, BRIAN			81	Name					1
ALTAMONTE SPGS FL 32714 83					Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
TI. 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 at minimum with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE DC DELETE 1.1 TILE Change Addition Addition Change Change Change Addition Change Change Change Addition Change Change Change Change Addition Change Chang				63						
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 unit armitar with an advance with onligations of, Section 607.0505, Florida Statutés. Signature				84	City	······································	FL	85 Zip	Code	
SIGNATURE	office or registered agent, or both, in the State of	f Florida. Such change was i	authorize	d by	the corpor	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of c	hanging ntment a	its registered s registered	
12		ons of, Section 607.0505, Fi	orida Sta	tutes.						
NAME NEWTON, BRIAN R. 12 NAME 13 STREET ADDRESS 225 S. WESTMONTE DR. STE 3000 14 city-st-zip		and title if applicable (NOT	E: Registere	d Ager	n signature req	ulred when reinstating)	DATE			
NAME NEWTON, BRIAN R. 12 NAME 13 STREET ADDRESS 225 S. WESTMONTE DR. STE 3000 14 city-st-zip	12. OFFICERS AND	DIRECTOR\$	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND [DIRECTO]8
STREET ADDRESS ALTAMONTE DR. STE 3000 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	50	☐ DELETE					L.	_ Change	☐ Addition	þ
ALTAMONTE SPGS FL										2
DV						+				Įμ
MUSCATO, MICHAEL A. 22 NAME 225 S. WESTMONTE DR. STE 3000 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 S. WESTMONTE DR. STE 3000 2.4 CITY-ST-ZIP 2.5 S. WESTMONTE DR. STE 3000 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 STREET ADDRESS 3.5 WESTMONTE DR. STE 3000 3.5 STREET ADDRESS 3.5 WESTMONTE DR. STE 3000 3.6 STREET ADDRESS 3.6 CITY-ST-ZIP 3.7 STREET ADDRESS 3.7 STREET					-ZIP			Change	Addition	À
STREET ADDRESS 225 S. WESTMONTE DR. STE 3000 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		51					L	"I rusuñe	, Addition	
Clark		et address 225 S. Westmonte Dr. Ste 3000			+DD0000					
DELETE DELETE ST	=									
NAME		n=. t#t			1-41F		L	Change	Addition	1
225 S. WESTMONTE DR. STE 3000 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE DV DELETE 4.1 TITLE DELETE Addition DELETE ADDRESS DITY-ST-ZIP DELETE ADDRESS DELETE DELE	1 10						_	 		
ALTAMONTE SPGS FL 3.4. CITY-ST-ZIP					ADDRESS !					
THLE DV DELETE 4.1 TITLE					T-21P					
NAME BAUGH, STEVEN G 4.2 NAME								Change	Addition	
ALTAMONTE SPGS FL	= "		4. 2 1	NAME	ŀ					
ST	STREET ADDRESS 225 S. WESTMONTE DR. STE	3000	4.3 S	TREET	ADDRESS					
ST	CITY-ST-ZIP ALTAMONTE SPGS FL				r-ZIP					
STREET ADDRESS 9349 DORSET DR 5.3 STREET ADDRESS CITY - ST - ZIP DRIANDO FL 5.4 CITY - ST - ZIP Change Addition Ad	TITLE ST	☐ DELETE					L	_] Change	Addition	
CITY-ST-ZIP	NAME AHR, KAREN L.		5.2 N		- 1					
TITLE DELETE 61 TITLE Change CAddition NAME 62 NAME			5.3 S		ADDRESS					
NAME 62 NAME	CITY-ST-ZIP ORLANDO FL				r-ZIP		······ · · · · · · · · · · · · · · · ·			
	TIME	L DELETE					E	_ Change		
STIFEET ADDRESS 6.3 STREET ADDRESS	NAME		1							
	STREET ADDRESS		6.3 S	TREET	ADDRESS					
CITY-ST-ZIP 64 CITY-ST-ZIP 64 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		with this films does not a cot				ed in Section 110 07/2\/\) Elected Ct-1	h Léurabar a	mphifi sha	t tho	4