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FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S21569 (6)

1. Corporation Name

ELECTRONIC RETAIL DELIVERY SYSTEMS, INC.

Principal Place of Business

225 S. WESTMONTE DR.
STE 3200
ALTAMONTE SPGS FL 32714-4218
US

Mailing Address

225 S. WESTMONTE DR.
STE 3200
ALTAMONTE SPGS FL 32714-4218
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1990

4. FEI Number

59-3045031

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 or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

NEWTON, BRIAN
225 S. WESTMONTE DR.
STE 3000
ALTAMONTE SPGS FL 32714

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	NEWTON, BRIAN R.	
STREET ADDRESS	225 S. WESTMONTE DR. STE 3000	
CITY - ST - ZIP	ALTAMONTE SPGS FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MUSCATO, MICHAEL A.	
STREET ADDRESS	225 S. WESTMONTE DR. STE 3000	
CITY - ST - ZIP	ALTAMONTE SPGS FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUSCATO, NICHOLAS J.	
STREET ADDRESS	225 S. WESTMONTE DR. STE 3000	
CITY - ST - ZIP	ALTAMONTE SPGS FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BAUGH, STEVEN G	
STREET ADDRESS	225 S. WESTMONTE DR. STE 3000	
CITY - ST - ZIP	ALTAMONTE SPGS FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	AHR, KAREN L.	
STREET ADDRESS	9349 DORSET DR	
CITY - ST - ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - 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 - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:

Karen L. Ahr

4/16/98

CR2E034 (10/97)