FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:14

DOCUMENT # **S29001** **(2)**

1. Corporation Name
EDGE INFORMATION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1802 S. FISKE BLVD. SUITE 101 ROCKLEDGE FL 32955	2066 14TH AVENUE SUITE 101 VERO BEACH FL 32960 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1991
3a. Date of Last Report: 01/26/1994

2. Principal Place of Business
21 1901 S. Harbor City Blvd
Suite, Apt. #, etc.
22 Suite 401
City & State
23 Melbourne, FL
Zip 24 32901 Country 25 Brevard

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30 Indian River

4. FEI Number: 59-3051013 ☐ 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

BRACKETT, ROBERT L.
1802 FISKE BLVD.
SUITE 101
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2066 14th Avenue
83
84 City: Vero Beach **FL** 85 Zip Code: 32960

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BRACKETT, ROBERT L.	12 NAME		
STREET ADDRESS	2066 14TH AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CHAFFIOT, ROBERT R., SR.	22 NAME		
STREET ADDRESS	8 RIVER RIDGE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HANENBURG, DONALD T.	32 NAME		
STREET ADDRESS	511 SHORES DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BODENHEIMER, DAVID	42 NAME		
STREET ADDRESS	1901 S. HARBOR CITY BLVD. STE 401	43 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	CHAFFIOT, MARK	52 NAME		
STREET ADDRESS	910 YORKTOWNE DRIVE	53 STREET ADDRESS	9 River Ridge Drive	
CITY-ST-ZIP	ROCKLEDGE FL	54 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	BRACKETT, ROBERT A.	62 NAME		
STREET ADDRESS	P.O. BOX 5317 N/A	63 STREET ADDRESS	1645 51st Court	
CITY-ST-ZIP	VERO BEACH FL	64 CITY-ST-ZIP	Vero Beach, FL 32966	

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 the address.

SIGNATURE: Robert L. Brackett 1/ant/95 (407) 567-4203
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

607/1767 CP