

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S29001

1. Corporation Name

EDGE INFORMATION MANAGEMENT, INC.

Principal Place of Business 1901 S. HARBOR CITY BLVD. SUITE 401 MELBOURNE FL 32901 US	Mailing Address 2066 14TH AVENUE SUITE 101 VERO BEACH FL 32960 US
---	---

21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	26 2b. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 02/01/1991	3a. Date of Last Report
4. FEI Number 59-3051013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRACKETT, ROBERT L.
2066 14TH AVENUE
SUITE 101
VERO BEACH FL 32960

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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D NAME BRACKETT, ROBERT L. STREET ADDRESS 2066 14TH AVENUE CITY, ST, ZIP VERO BEACH FL 32960	<input type="checkbox"/> DELETE
TITLE D NAME CHAFFIOT, ROBERT R., SR. STREET ADDRESS 8 RIVER RIDGE DR. CITY, ST, ZIP ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE
TITLE D NAME HANENBURG, DONALD T. STREET ADDRESS 511 SHORES DRIVE CITY, ST, ZIP VERO BEACH FL 32963	<input type="checkbox"/> DELETE
TITLE D NAME BODENHEIMER, DAVID STREET ADDRESS 9 RIVER RIDGE DRIVE CITY, ST, ZIP ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE
TITLE D NAME CHAFFIOT, MARK STREET ADDRESS 910 YORKTOWNE DRIVE CITY, ST, ZIP ROCKLEDGE FL 32955	<input type="checkbox"/> DELETE
TITLE D NAME BRACKETT, ROBERT A. STREET ADDRESS 1645 51ST COURT CITY, ST, ZIP VERO BEACH FL 32966	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 655 WOODBRIDGE DRIVE MELBOURNE, FL 32940
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 424 OAK RIDGE DRIVE INDIALANRITIC FL 32903
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9 RIVER RIDGE DRIVE ROCKLEDGE FL 32955
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002193912 -05/28/97--01110--018 ***165.00

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, unchanged, or on an attachment with an address.

SIGNATURE: _____ DATE: **5/6/97** DAYTIME PHONE: **(561) 567-4303**

CR2E034 (9/96)