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Jul 16, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

1901 S. Harbor City Blvd.

Suite #400

Melbourne FL

32901 US

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

Robert A. Brackett

82 Street Address (P.O. Box Number is Not Acceptable)

1901 S. Harbor City Blvd.

83

Suite #400

84 City

Melbourne

FL

85 Zip Code

32901

11. Pursuant to the provisions of Sections 607.0662 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKETT, ROBERT L.	1.2 NAME	
STREET ADDRESS	2066 14TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFFIOT, ROBERT R., SR.	2.2 NAME	
STREET ADDRESS	8 RIVER RIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANENBURG, DONALD T.	3.2 NAME	
STREET ADDRESS	655 WOODBRIDGE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODENHEIMER, DAVID	4.2 NAME	
STREET ADDRESS	424 OAK RIDGE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAFFIOT, MARK	5.2 NAME	mark Chaffiot
STREET ADDRESS	9 RIVER RIDGE DRIVE	5.3 STREET ADDRESS	9 River Ridge Drive
CITY-ST-ZIP	ROCKLEDGE FL 32955	5.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKETT, ROBERT A.	6.2 NAME	Robert A. Brackett
STREET ADDRESS	1645 51ST COURT	6.3 STREET ADDRESS	2066 14th Avenue
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	VERO Beach FL 32960

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

590029-9007-35

S 29001

dge Information
Management
Inc.

th Harbor City Boulevard, Suite 401, Melbourne, Florida 32901

Phone: 800-725-3343 • 407-722-3343 Fax: 800-780-3299

July 1, 1999

Dear Sir or Madam:

We hereby resubmit a copy of the 1999 Profit Corporation Annual Report. We originally submitted our report on April 26, 1999 along with our sister company Credit Data Services, Inc. I spoke to a customer service representative at your office, and was informed that they did process Credit Data Services, Inc. application on April 30, 1999. She further instructed me to send a copy of our original report along with a copy of the check we issued in April. If you require anything further you may reach me at (800)299-2820 extension 3201.

Sincerely,

Kathaleen White

Kathaleen White
Accounts Payable