

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S35694 (6)
1. Corporation Name
EDELWEISS, INC.



2. Principal Place of Business 291 S COLLIER BLVD MARCO ISLAND FL 33937 US		2a. Mailing Address 291 S COLLIER BLVD MARCO ISLAND FL 33937 US		3. Date Incorporated or Qualified 03/01/1991	3a. Date of Last Report 02/21/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0246149		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TEDIO, WILLIAM 291 S COLLIER BLVD MARCO IS FL 33937				10. Name and Address of New Registered Agent			
61. Name				62. Street Address (P.O. Box Number is Not Acceptable)			
63. City				64. City			
				65. State FL		66. 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: _____ (Print Name, Title, Corporation Name, and State of Incorporation) (Print Registered Agent signature and residential address) (Print State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P TEDIO, WILLIAM 820 S BARFIELD MARCO IS FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V TEDIO, LOTTI 820 S BARFIELD MARCO IS FL	<input type="checkbox"/> DELETE	2.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S TEDIO, RITA A 820 S BARFIELD MARCO IS FL	<input type="checkbox"/> DELETE	3.1 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		<input type="checkbox"/> DELETE	4.1 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	6.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	7.1 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		<input type="checkbox"/> DELETE	8.1 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> DELETE	10.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	11.1 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		<input type="checkbox"/> DELETE	12.1 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *William Tedio* **William Tedio** *2/14/96* **(941) 394-6800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date of Filing)

CR2E034 (12/95)