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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S35694

(6)

EDELWEISS, INC.

FILED
Feb 12 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address								
291 S COLLIER (291 S COLLIER BLVD							
MARCO ISLAND	FL 33937	MARCO ISLAND FL 34145-48 US	358					
US		us				3. Date Incorporated or Qualified 03/01/1991	3a. Date of La 02/20/199	
2. Principal Pla	ce of Business	2a. Mailing Address	<u></u>			a= aa.aa.aa		Applied For
21 Suite, Apt. #.	etc		Suite, Apt. #, etc.			SR 75 Additions		Not Applicable Additional
22	, 010	27	27			5. Certificate of Status Desired	7	Required
City & State		City & State	<u> </u>			6. Election Campaign Financing		00 May Be
23	P Combo	28				Trust Fund Contribution		ed to Fees
Zip 341	145 Country	Zip 29	Coun	ııry		8. This corporation has liability for it Florida Statutes	ntangible tax und Yes 🔲 No	er s. 199.032,
4	9. Name and Address of Cu		<u> </u>			10. Name and Address of New Re		
TEDIO), WILLIAM		1	81	Name		 	
	COLLIER BLVD		h	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	···
MARC	O IS FL 33937		Ĺ,			, , , , , , , , , , , , , , , , , , , ,		
				83				
			h	84	City		— 85	Zip Code
					-			34144
 Pursuant to office or red 	the provisions of Sections 607 distered agent, or both, in Me 3	1.0502 and 607.1508, Florida Statutes State of Florida, Such change was au	s, the about thorized	ove-	named corp the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changir It the appointmen	ig its registered Las registered
agent I am	familiar with any account the	bligations of, 98 ction 607.0505, Flori	ida Statu	ites.	± ∧.		1/10	
SIGNATURE X	Mul	W			TEDI		2/6/7	/
12.	ignature, typed or printed name of register	ed agent and title It applicable. (NOTE: S AND DIRECTORS	Registered	Agen	I signatura requi	red when reinstaling) ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECT	ORS IN 12
	P	DELETE	1,1 1(1)	LE		7557151656174162515 51116	Chan	
	TEDIO, WILLIAM		1.2 NAM					-
	820 S BARFIELD		1.3 STR	REET A	NOORESS			
	MARCO IS FL		1.4 CIT		· 1			
	V	DELETE	2.1 TITL	• • • • • • • • • • • • • • • • • • • •			☐ Char	ige 🔲 Additio
NAME	TEDIO, LOTTI		22 NA	ME				
STREET ADDRESS	820 S BARFIELD		23 STR	REET A	ADDRESS			
CITY - ST - ZIP	MARCO IS FL		2 4 CIT	TY+ST	(+Z)P			
TITLE	\$	DELETE	3.1 TH	LE			☐ Char	ige 🔲 Additio
	TEDIO, RITA A		32 NA	ME				
	820 S BARFIELD		3.3 STR	REET A	NDDRESS			
	MARCO IS FL			3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITL	LE	1		Char	ige 🔲 Additio
NAME			4. 2 NA					
STREET ADDRESS			4.3 STR	REET A	ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CIT		- ZIP		[] O	an I Additio
TITLE		DELETE	5.1 1110				Chan	ge [] Additio
NAME			5.2 NA					
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CiT		· ZiP		☐ Char	ige 🔲 Additio
TITLE		[] DETEN	6.1 TITL					Ac The World
NAME			6.2 NAM		IDDDCCC			
STREET ADORESS			1		ADDRESS			
CITY-ST-ZIP			6.4 CIT			die Coston 140 07/2/0 Floride Contra	1445	il ad Ali a

4. 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 suppliemental 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

17 94

394-6800