

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Madham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S41699** (7)
1. Corporation Name
EDGINGTON, INC.



Principal Place of Business
**1430 NW 119 STREET
MIAMI FL 33167**

Mailing Address
**1430 NW 119 STREET
MIAMI FL 33167**

3. Date Incorporated or Qualified 03/28/1991	3a. Date of Last Report 03/22/1995
4. FFI Number 65-0251640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DAVIS, IAN
1430 NW 119TH ST.
MIAMI FL 33167**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____
Separate lines for Signature and Date. (Type name in block 12) (Type name in block 13)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, IAN	
STREET ADDRESS	1430 N.W. 119TH ST.	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. TITLE	
38. NAME	
39. STREET ADDRESS	
40. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
45. TITLE	
46. NAME	
47. STREET ADDRESS	
48. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
49. TITLE	
50. NAME	
51. STREET ADDRESS	
52. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53. TITLE	
54. NAME	
55. STREET ADDRESS	
56. CITY-ST-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 in an attached consent with an address.

SIGNATURE: *IAN DAVIS, president* 2/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)