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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S50756** **(3)**

1. Corporation Name

THE CODING EDGE, INC.

Principal Place of Business	Mailing Address
~~25525 S.R. 46. STE 3~~ ~~SORRENTO FL 32776~~ 801 ORIENTA AVE SUITE 1400 ALTAMONTE SRINGS, FL 32701	25525 S.R. 46. STE 3 SORRENTO FL 32776 (SAME AS BELOW)

2. Principal Place of Business	2a. Mailing Address
21 801 ORIENTA AVENUE	26 801 ORIENTA AVE
Suite, Apt. #, etc. 22 SUITE 1400	Suite, Apt. #, etc. 27 SUITE 1400
City & State 23 ALTAMONTE SPRINGS, FL	City & State 28 ALTAMONTE SRINGS, FL
Zip / Country 24 32701 / 25 USA	Zip / Country 29 32701 / 30 USA

3. Date Incorporated or Qualified: **05/02/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3063168** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCUEN, JAMES
630 RUGBY ST
ORLANDO FL 32804

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and date. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DF	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCUEN, JAMES		1.2 NAME		
STREET ADDRESS	630 RUGBY ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORIKONE, SHARON		2.2 NAME		
STREET ADDRESS	27845 C.R. 44-A		2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	400001818254 -05/13/96--01031--020 ***200.00	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: JAMES P MCCUEN 5/10/96 (407) 260-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5-1-96

CR2E034 (12/95)