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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S98721 (1)

1. Corporation Name
EDGE INVESTMENT CORP.

Principal Place of Business	Mailing Address
3901 WASHINGTON ROAD SUITE 301 MCMURRAY PA 15317	[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1991	08/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26 1905 Wellington Edge Blvd.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28 Wellington, FL
Zip / Country 24 / 25	Zip / Country 29 33414 / 30 USA

4. FEI Number
65-0172686
☐ 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	10. Name and Address of New Registered Agent
CRANE, ROBERT L ESQ 515 NORH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401	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 [illegible] (If changing Registered Agent, this signature must be that of the new Registered Agent appointed, not the former one) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	RYAN, EDWARD M.	12 NAME	E M Ryan	
STREET ADDRESS	1082 BOWER HILL ROAD	13 STREET ADDRESS		
CITY, ST, ZIP	PITTSBURG PA	14 CITY, ST, ZIP		
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	BOVE, TERRY F.	22 NAME	Terry F. Bove	
STREET ADDRESS	3901 WASHINGTON ROAD, SUITE 301	23 STREET ADDRESS		
CITY, ST, ZIP	MCMURRAY PA	24 CITY, ST, ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	KALLAND, DENISE	32 NAME		
STREET ADDRESS	1750 N. FLORIDA MANGO	33 STREET ADDRESS		
CITY, ST, ZIP	WEST PALM BEACH FL	34 CITY, ST, ZIP		
TITLE	AS	41 TITLE	AS	X Change ☐ Addition
NAME	[illegible]	42 NAME	Michael Kalland	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	814 S.W. 7th Terrace	
CITY, ST, ZIP	BELLE GLADE FL	44 CITY, ST, ZIP	Florida City, FL 33034	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY, ST, ZIP		54 CITY, ST, ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY, ST, ZIP		64 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 the 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: Terry F. Bove 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0474443 FP