

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S98721 (1)

1. Corporation Name

EDGE INVESTMENT CORP.



Principal Place of Business

Mailing Address

**3901 WASHINGTON ROAD
SUITE 301
MCMURRAY PA 15317**

**1905 WELLINGTON EDGE BLVD
SUITE 301
WELLINGTON FL 33414
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/09/1991

3a. Date of Last Report

05/01/1995

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DP RYAN, EDWARD M. 1082 BOWER HILL ROAD PITTSBURG PA

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DST BOVE, TERRY F. 3901 WASHINGTON ROAD, SUITE 301 MCMURRAY PA

TITLE NAME STREET ADDRESS CITY - ST - ZIP

DV KALLAND, DENISE 1750 N. FLORIDA MANGO WEST PALM BEACH FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

AS KALLAND, MICHAEL 814 SW 7TH TERRACE FLORIDA CITY MI

TITLE NAME STREET ADDRESS CITY - ST - ZIP

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Terry Bove

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96 412-942-4370

Date

Typed Name

CR2E034 (3/96)