

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

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

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

9. Name and Address of Current Registered Agent  
**CRANE, ROBERT L ESQ  
515 NORH FLAGLER DRIVE  
SUITE 1800  
WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYAN, EDWARD M.</b>	1.2 NAME	
STREET ADDRESS	<b>1082 BOWER HILL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURG PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOVE, TERRY F.</b>	2.2 NAME	
STREET ADDRESS	<b>3901 WASHINGTON ROAD, SUITE 301</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCMURRAY PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KALLAND, DENISE</b>	3.2 NAME	<b>DV</b>
STREET ADDRESS	<b>1750 N. FLORIDA MANGO</b>	3.3 STREET ADDRESS	<b>PATRICIA LOESCH</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>407 ABBEVILLE ROAD #4</b>
TITLE	<b>AS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALLAND, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>814 SW 7TH TERRACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORIDA CITY M</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>300001899473</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-07/19/96--01055--008</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***225.00</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

Date: **7/10/96** 412-942-4370  
Duplicate Form #

CR2E034 (3/96)