FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **179373** **(6)**

1. Corporation Name

THE MADISON VENTURE, INC.

Principal Place of Business	Mailing Address
2853 DAWN ROAD JACKSONVILLE FL 32207	2853 DAWN ROAD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1954	3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-6077162	☐ 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 7833 BAYBERRY RD	26 7833 BAYBERRY RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL	28 City & State: JACKSONVILLE, FL
24 Zip: 32256 25 County: DUVAL	29 Zip: 32256 30 County: DUVAL

9. Name and Address of Current Registered Agent

WOLFSON, SAUL
2853 DAWN RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 7833 BAYBERRY RD

83 —

84 City: JACKSONVILLE **FL** 85 Zip Code: 32256

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: Saul Wolfson 4/28/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☒ Change ☐ Addition
NAME	WOLFSON,SAUL	12 NAME		
STREET ADDRESS	2853 DAWN ROAD	13 STREET ADDRESS	7833 BAYBERRY RD	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JACKSONVILLE, FL 32256	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, HAZEL M.	22 NAME		
STREET ADDRESS	6750 EPPING WAY NORTH	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, S. W.	32 NAME		
STREET ADDRESS	24 N. MARKET ST. #500	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☒ Change ☐ Addition
NAME	WOLFSON, RICHARD J.	42 NAME		
STREET ADDRESS	2853 DAWN ROAD	43 STREET ADDRESS	7833 BAYBERRY RD	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY ST ZIP	JACKSONVILLE, FL 32256	
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	RESIGNED 5/2 WILL	
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 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: Saul Wolfson 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date (Required)

0018433 CP