FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 269416

MADRICORP, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90246 003 ***150.00



Principal Place	of Business	Ma	Mailing Address					
1341 SOUTH HI	CKORY ST	134	1341 SOUTH HICKORY ST					
MELBOURNE FL	. 32901	ME	MELBOURNE FL 32901				DO NOT WRITE IN THIS SPACE	•
	•						3. Date Incorporated or Qualifed	
							04/29/1963	
	ace of Business		Mailing Address		.		4. FEI Number Applied Fo	
	South Hickory	Street 26	8249 Devere	ux	Dri	ve	59-1219801 Not Applic	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required	iai
22		27						
City & State		<u> </u>	City & State	٠.			6. Election Campaign Financing \$5.00 May Bo	1
23 Melbou	urne, FL	28	Melbourne,				Trust Fund Contribution Added to Fees	
Zip	Country	. L	Zip		ountry		8. This corporation owes the current year Intangible Personal Property Tax.	}
24 3290			32940	30	<u>Bre</u>	vard	1 0,000.00.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
1445	BY ID IOUN O				81	Name	Mathias, David E.	Ì
MADRY JR, JOHN G					82	Street	Address (P.O. Box Number is Not Acceptable)	
	PINEAPPLE AVE						8249 Devereux Drive	
EAU GALLIE FL 32935					83			
					84	City	85 Zip Code	
	•				0~	City	Melbourne FL 32940	Ì
11. Pursuant t	o the provisions of Sections	s 607.0502 and 6	07.1508, Florida Statu	tes, the	above	-named	associate submits this statement for the purpose of changing its register	red
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of the purpose of changing in 1990. The purpose of changing in								
agent. i ai	ii lailiyigi witti, atyg ayaayt		007.0303,11	5,,dd 50	lavi	d E	Mathias 4/16/99	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		CERS AND DIRE		1	3.		 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 	12
TITLE	PD		□X DELETE	1.1	TITLE		PD Change XA	ddition
NAME	MADRY JR, JOHN G			1.2	NAME		Bunker, Stephen P.	Ì
STREET ADDRESS	1817 PINEAPPLE AVE.			1.3	STREET	ADDRESS	1350 South Hickory Street	}
CITY-ST-ZIP	EAU GALLIE, FL 00000			1.4	CITY-S	T-ZIP	Melbourne, FL 32901	
TITLE	VD		[X DELETE		TITLE		CD Change X	ddition
	MADRY, JAMES T		 -	22	NAME		Gatto, Michael V.	
NAME	422 GLEN EAGLESWE	ет				ADDRESS		
STREET ADDRESS		301					1550 South Mekory Street	
CITY-ST-ZIP	STATESVILLE NC		☐ DELETE		4 CITY-S	II-ZIP	Melbourne, FL 32901	ddition
TITLE			☐ DELETE		TITLE		1 92	
NAME	i.			1	NAME		Mathias, David E.	
STREET ADDRESS				3.3	STREE	FADDRESS	1 0243 Develeux Dilve	ļ
CITY-ST-ZIP				3.4	I. CITY-S	T-ZIP	Melbourne, FL 32940	al altal a a
TITLE			☐ DELETÉ	4.1	TITLE	•	☐ Change ☐ A	ddition
NAME	•			4.	2 NAME			1
STREET ADDRESS				4.3	STREE	TADDRE\$\$	\$	
CITY-ST-ZIP	•			4.4	спу-ѕ	T-ŽIP		
TITLE			☐ DELETE	5.1	TITLE		☐ Change ☐ A	ddition
NAME				5.2	NAME			Ì
STREET ADDRESS				5.3	STREE	T ADDRESS	s	
CITY-ST-ZIP				5.4	CITY-\$	T-ZIP		
TITLE			☐ DELETE	6.1	TITLE		☐ Change ☐ A	Addition
NAME				6.2	NAME			
STREET ADDRESS				6.3	STREE	TADDRESS	· ·	ľ
					CITY-S			
CITY-ST-ZIP				■ V.			,	-

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

David E. Mathias, Sec

4/16/99

434-4355

Daytime Phone #