

FILED
Jul 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 427554 (1)
1. Corporation Name
MADDEN PROPERTIES, INC.

Principal Place of Business	Mailing Address
6642 SAN JUAN AVE. P. O. BOX 60335 JACKSONVILLE FL 32236-7335	6642 SAN JUAN AVE. P. O. BOX 60335 JACKSONVILLE FL 32236-7335

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	29	30

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified 06/06/1973		
4. FEI Number 59-1468654	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00	May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent
MADDEN, GEORGE J.
6842 SAN JUAN AVE
~~808 WINSTONIAN WAY ST~~
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent			
81	Name ✓		
82	Street Address (P.O. Box Number is Not Acceptable) ✓		
83	5478 MARINERS COVE DR		
84	City	FL	85 Zip Code
	JACKSONVILLE		32210

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 to

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS	
TITLE	P		<input type="checkbox"/> DELETE
NAME	MADDEN, GEORGE J.		
STREET ADDRESS	888 WINSTONIAN WAY		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	V		<input type="checkbox"/> DELETE
NAME	MADDEN, WILLIAM J.		
STREET ADDRESS	5580 CABOT DRIVE, N.		
CITY - ST - ZIP	JACKSONVILLE FL		
TITLE	TS		<input type="checkbox"/> DELETE
NAME	MADDEN, JOHN A.		
STREET ADDRESS	2309 FOXBORO WAY		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	5478 MARINERS COVE DR	
1.4 CITY - ST - ZIP	JAX, FL 32210	
2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, on an attachment with an address.

SIGNATURE

CR2E034 (10/97)