

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

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Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **489390** (5)  
1. Corporation Name  
**MADIGAN ASSOCIATES, INC.**

Principal Place of Business <b>8 BARRACUDA LANE OCEAN REEF CLUB N. KEY LARGO FL 33097</b>	Mailing Address <b>MADIGAN ASSOCIATES, INC. 161 INDIAN MOUND TR TAVERNIER FL 33070 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/12/1975</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-1628168</b>	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
27	28	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SACHER, CHARLES P., ESQUIRE 2855 LE JEUNE RD CORAL GABLES FL 33143</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code <b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	<b>MADIGAN, MARIE S</b>	1.2 NAME	
STREET ADDRESS	<b>161 INDIAN MOUND TRAIL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	<del>EATON, PAMELA M.</del>	2.2 NAME	
STREET ADDRESS	<del>1620 CARIBBEAN DR.</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>SARASOTA FL</del>	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	<b>MACDONALD, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>222 E CHESTNUT ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Marie S. Madigan, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

2/10/98

305-367-3076

CR2E034 (10/97)