## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1006



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| 1990                            | CO NY  |     |  |
|---------------------------------|--------|-----|--|
| DOCUMENT #  1. Corporation Name | 588314 | (5) |  |
| POUL MADSEN, INC                | 3.     |     |  |
|                                 |        |     |  |
|                                 |        |     |  |

|  | ADSEN, INC.  |                               |                                |   |   |   |                                     |                               |                                     |  |
|--|--|-------------------------------|--------------------------------|---|---|---|-------------------------------------|-------------------------------|-------------------------------------|--|
| Principal Place o  | f Business   | Mailing Ac                    | ddress                         |   |   |   | 184 (186) (1 <b>8</b> 1) <b>8</b> ( | 4-4-1 81811                   |                                     |  |
| 19829 GULF BOULEVARD 19829 GULF BOULEVA<br>INDIAN SHORES FL 34635 INDIAN SHORES FL 34  |  |                               |                                |   |   |   |                                     |                               |                                     |  |
|  |  |                               |                                |   |   | <ol> <li>Date Incorporated or<br/>10/03/1978</li> </ol> | Qualified                           | 3a. Date 05                   | /23/199                             | 5  |
| 2. Principal Plac  | ce of Business   | <b>2a</b> . Mailing <b>26</b> | g Address                      |   |   | 4. FEI Number 59-1851692                                |                                     |                               |                                     | ot Applicable                                    |
| Suite, Apt. #,   | etc.   | Suite,                        | Apt. #r, etc.                  |   |   | 5. Certificate of Status                                | Desired                             |                               |                                     | Additional equired                               |
| City & State   |  | 27 City &                     | State                          |   |   | 6. Election Campaign F                                  | _                                   |                               | 7                                   | May Be<br>to Fees                                |
| 3<br>Zip   | Country  | <b>28</b> Zip                 |                                | Country   |   | Trust Fund Contribu  8. This corporation has            | liability for in                    | tangible ta                   |                                     |  |
| 4  | 25   | 29                            |                                | [30]  |   | Florida Statutes  10. Name and Addres                   | X Yes                               | .=                            | aent                                |  |
|  | 9. Name and Address of Cu  | urrent Registered A           | Agent                          | 81  | Name  | IO. Mame and Addres                                     | S OI ITOM ME                        | Biareton b                    | Serve                               |  |
| ANDERGO  | ONL DAVAD IN   |                               |                                |   |   |   | nt Annountable                      | 2)                            |                                     |  |
|  | ÖN, DAVID W.<br>KAN ROCKS RD.  |                               |                                | 82  | Street Addr   | ess (P.O. Box Number is N                               | or Acceptable                       | e)                            |                                     |  |
| LARGO F  |  |                               |                                | 83  |   |   |                                     |                               |                                     |  |
| D4100 1  | 201011   |                               |                                | 84  | City  |   |                                     |                               | <b>85</b> Zip                       | Code   |
|  |  |                               |                                |   | •   |   | <u> </u>                            | <u>FL</u>                     |                                     |  |
| 11. Pursuant to  | the provisions of Sections 607,<br>d agent, or both, in the State of   | .0502 and 607.1508            | l. Florida Statu               | tes, the above n  | amed corpor   | ration submits this statemer                            | it for the purp<br>ent the anco     | oose of cha<br>Intrient as    | nging its re<br>registered          | egistered office<br>agent. Lam                   |
|  |  |                               | na was suthard                 | zed by the corud  |   | FIGURESCOIS THEREON OUR                                 |                                     |                               |                                     |  |
| or registere<br>familiar with  | id agent, or both, in the State of<br>n, and accept the obligations of   | Section 607.0505, I           | t louida Ararake               | J.  |   |   | / /                                 | 91                            |                                     |  |
| familiar with  | n, and access the objugations of   | relien our usus,              | t louida Ararake               | J.  |   |   | 1-1                                 | - 96                          | <b>.</b>                            |  |
| familiar with<br>SIGNATUREs  | synatric spied or protect name of registers  | dage han the Lague are        | - IN                           | zed by the corpo<br>s.  PR  OTE Superend April  13.   |   |   | 1-1                                 | - 76                          |                                     |  |
| familiar with SIGNATURE  | synatric spied or protect name of registers  | S AND DIRECTORS               | - IN                           | PR  |   | ni whea reastateg                                       | 1-1                                 | - 76<br>DATE<br>CERS AND      |                                     |  |
| familiar with SIGNATURES   | h, and accept my doll rations of syndrice in the drag of the protect name of registers.  OFFICER:  | S AND DIRECTORS               | in in                          | PR<br>OTE Superior April<br>13.   |   | ni whea reastateg                                       | 1-1                                 | - 76<br>DATE<br>CERS AND      | DIRECTO                             | RS IN 12   |
| familiar with SIGNATURES  12.  THEF NAME   | h, and accepting douglations of the second o | S AND DIRECTORS               | in in                          |   | KA<br>Segunt in receive   | ni whea reastateg                                       | 1-1                                 | - 76<br>DATE<br>CERS AND      | DIRECTO                             | RS IN 12   |
| familiar with  | And accepting douglations of the second of protection of the second of protection of the second of t | S AND DIRECTORS               | DELEFE                         | P R DOTE Registered Agent  13.  1 1 TULE  1 2 NAME  | ADDRESS   | ni whea reastateg                                       | 1-1                                 | - Y6<br>DATE<br>CERS AND<br>E | DIRECTO                             | RS IN 12   |
| SIGNATURE S  12.  II'LE NAME SIREET ADDRESS CITY-ST-ZIP  | PTD MADSEN, POUL E. 16108 6TH ST., E. REDINGTON BCH. FL. VSD   | S AND DIRECTORS               | in in                          | P R  13.  1 1 THE  1 2 NAME  1 3 SIBEET   | ADDRESS   | ni whea reastateg                                       | 1-1                                 | - Y6<br>DATE<br>CERS AND<br>E | DIRECTO                             | RS IN 12   |
| Tamiliar with SIGNATURE SIGNATURE SITUE NAME STREET ADDRESS CITY-ST-ZIP  | PTD MADSEN, POUL E. 16108 6TH ST., E. REDINGTON BCH. FL VSO MADSEN, CAROL L.   | S AND DIRECTORS               | DELEFE                         | 13. 1 1 THE 12 NAME 13 SHEET 14 CHY-S 2 1 TUE 22 NAME   | ADDRESS T-ZIP   | ni whea reastateg                                       | 1-1                                 | - Y6<br>DATE<br>CERS AND<br>E | DIRECTO                             | RS IN 12   |
| Tamiliar with SIGNATURE SIGNATURE SITUE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME   | PTD MADSEN, POUL E. 16108 6TH ST., E. REDINGTON BCH. FL VSD MADSEN, CAROL L. 16108 6TH ST., E.   | S AND DIRECTORS               | DELEFE                         | 13. 1 1 Title 1 2 NAME 1 3 SHEET 1 4 CHY-S 2 1 TIGE 2 NAME 2 3 STREET   | ADDRESS T-ZIP ADDRESS   | ni whea reastateg                                       | 1-1                                 | - Y6<br>DATE<br>CERS AND<br>E | DIRECTO                             | RS IN 12   |
| Tamiliar with SIGNATURE SIGNATURE SITUE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP  | PTD MADSEN, POUL E. 16108 6TH ST., E. REDINGTON BCH. FL VSO MADSEN, CAROL L.   | S AND DIRECTORS               | DELETE                         | 13. 1 1 THE 12 NAME 13 SHEET 14 CHY-S 2 1 THE 22 NAME 23 STREET 24 CHY-S  | ADDRESS T-ZIP ADDRESS   | ni whea reastateg                                       | 1-1                                 | DATE CERS AND                 | DIRECTO Change Change               | RS IN 12   |
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| TAMILIAR WITE SIGNATURE SIREAL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PTD MADSEN, POUL E. 16108 6TH ST., E. REDINGTON BCH. FL VSD MADSEN, CAROL L. 16108 6TH ST., E.   | S AND DIRECTORS               | DELETE                         | 13. 1 1 Title 1 2 NAME 1 3 SHEET 1 4 CHY-S 2 1 TIGE 2 NAME 2 3 STREET 2 4 CHY-S 3 1 TIGE 3 2 NAME   | ADDRESS T-ZIP ADDRESS T-ZIP   | ni whea reastateg                                       | 1-1                                 | CERS AND                      | DIRECTO Change Change               | RS IN 12 Addition Addition                       |
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| TAMILIAN WITH SIGNATURE  112.  113.  114.  ITHE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | PTD MADSEN, POUL E. 16108 6TH ST., E. REDINGTON BCH. FL VSD MADSEN, CAROL L. 16108 6TH ST., E.   | S AND DIRECTORS               | DELETE  DELETE  DELETE  DELETE | 13. 1 1 TILLE 12 NAME 13 STHEFT 14 CHY: S 2 1 TILLE 22 NAME 23 STREET 24 CHY: S 3 1 TILLE 32 NAME 33 STREET 44 CHY: S 4 1 TILE 42 NAME 43 STHEFT 44 CHY: S 5 1 TILLE 52 NAME  | ADDRESS T-ZIP  ADDRESS SI-ZIF  ADDRESS SI-ZIF  ADDRESS SI-ZIP             | ni whea reastateg                                       | 1-1                                 | CERS AND                      | DIRECTO Change Change Change Change | Addition  Addition  Addition  Addition  Addition |
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Lob nereby certify that the information supplied with this niling is voluntarily furnished and does not quality 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Care Cayter & Proces II

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR