FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90037 035 ****61.25

OCUMENT	#	751	082

Corporation Name

MADATUON	DOW/ED	SQUADRON.	INC
MAKAIMIN	PLIWER	SUITADBUN.	INU

Principal Place of Business
P.O. BOX 938 2975 OVERSEAS HIGHWAY MARATHON FL 33050

Mailing Address P.O. BOX 938

2975 OVERSEAS HIGHWAY MARATHON FL 33050

|--|--|

						-					_
2. 21	Principal Place of Business	2a 26	. Mailing Address			3.	Date Incorporated or Qualifed 02/18/1980				
21	Suite, Apt. #, etc.	<u></u>	Suite, Apt. #, etc.			4.	FEI Number		, .	Applied For	_
22		27					59-6 152243	. •		Not Applicable	e
23	City & State	28	City & State			5.	Certifcate of Status Desired			.75 Additional ee Required	
24	Zip Country	29	Zip Co	untry		6.	Election Campaign Financing Trust Fund Contribution		,	5.00 May Be dded to Fees	
•	9. Name and Address of Curren	Regi		T^{-}		10.	Name and Address of New R	egistered /	Agent		_
				81	Name						
MILLER, ROBERT K 2975 OVERSEAS HIGHWAY MARATHON FL 33050		82	Street Addre	ess (F	P.O. Box Number is Not Accepta	ble)	,	• .			
		83					`	-			
				84	City			FL	85	Zip Code	
11	 Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligar 	of Flor	ida. Such change was authorize	d by	the corporatio	oratio n's b	n submits this statement for the oard of directors. I hereby accep	purpose of t the appoir	changi itment	ing its registered as registered	
S	IGNATURE										

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-harned corporation's stating office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of diagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	irectors. I hereby accept the a	ppointment as registered
agent. I am familiar with, and accept the obligations of, decition of 7.0000, Florida Statistics.	•	•
SIGNATURE	. DAT	r -

	Signature, typed or printed name of registered agent and tille it applicable	a. (1401)	gistered Agent signature re				20.421.40
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHAP	NGES TO OFFICE	RS AND DIRECTOR		
TITLE		DELETE	1.1 TITLE	7 450 150	REACER	Change	☐ Addition
NAME	GRADICK, KATHARINE S		1.2 NAME	GARDNER,	CLOFFR	- 1	
STREET ADDRESS	12575 OVERSEAS HIGHWAY		1.3 STREET ADDRESS	PO DOX 5015	20.4		
CITY-ST-ZIP	MARATHON FL		1.4 CfTY-ST-ZIP	MARATHON	FL: 330		·
TITLE	PD	DELETE	2.1 TITLE		•	Change	☐ Addition
NAME	BRADY, WILLIAM H. JR		2.2 NAME				
STREET ADDRESS	7760 AVIATION BLD		2.3 STREET ADDRESS				
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP				
TITLE	VPD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	ABSTEN, GREGORY		3.2 NAME				İ
STREET ADDRESS	943 30TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	MARATHON FL		3.4. CITY-ST-ZIP	<u></u>			
TITLE -	VPD	DELETE	4.1 TITLE	VPD		Change	☐ Addition
NAME	BROWN, HAROLD W.	,	4. 2 NAME	JANOWICH,	VINCE	NT'	1
STREET ADDRESS	1500 52 ST GULF		4.3 STREET ADDRESS	THNOWICH, 210 BRUCE MARATHON	E CT.		
CITY-ST-ZIP	MARATHON FL		4.4 CITY-ST-ZIP	MARATHON	FL. 336	50	
TITLE	D	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	AUCREMANNE, JOSEPH		5.2 NAME				
STREET ADDRESS	516 SOMBRERO BEACH ROAD		5.3 STREET ADDRESS		4	•	
CITY-ST-ZIP	MARATHON FL		5.4 CITY-ST-ZIP		·	·	
TITLE	SD	☐ DELETE	6.1 TITLE -			. Change	Addition
NAME	BRADY; EDITH F		6.2 NAME				
STREET ADDRESS	7760 AVIATION BLVD.		6.3 STREET ADDRESS		•		
CITY-ST-ZIP	MARATHON FL		6.4 CITY-ST-ZIP				

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 suppliemental 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 617, 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: