

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

FILED
Feb 17 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 # **838617** (9)

1. Corporation Name
ROBERT P. MADISON INTERNATIONAL, INC.

Principal Place of Business

**2930 EUCLID AVENUE
CLEVELAND OH 44115**

Mailing Address

**2930 EUCLID AVENUE
CLEVELAND OH 44115**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1977	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 34-1057129		☐ Applied For ☐ Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**FLOOD, JOHN
6501 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

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

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	CDCE	1.1 TITLE	☐ Change ☐ Addition
NAME	MADISON, ROBERT P	1.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	LIM, KHAI H	2.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, CHESTER	3.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, VERNADA	4.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, DORRIS	5.2 NAME	
STREET ADDRESS	2930 EUCLID AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MADISON, JULIETTE B.	6.2 NAME	
STREET ADDRESS	4040 NINETEENTH ST. N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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:



Feb 10, 1998 216 861-8195

CR2E034 (10/97)