

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0076210

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002633 (2)**  
1. Corporation Name

**M.A.D. ASSOCIATES, INC.**

FILED

98 JUL 24 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**600 SANDTREE DR., #109  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**600 SANDTREE DR., #109  
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/16/1997**

4. FEI Number

**11-3370316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**LEMONTANARO, MICHAEL  
600 SANDTREE DR., #109  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

TITLE **PTDC** ☐ DELETE  
NAME **LAMONTANARO, MICHAEL**  
STREET ADDRESS **1412 SQUIRES JOHNS LANE, COBBLESTONE C.C.**  
CITY-ST-ZIP **PALM CITY FL**

TITLE **VDC** ☐ DELETE  
NAME **LUTZ, DOUG**  
STREET ADDRESS **1412 SQUIRES JOHNS LANE, COBBLESTONE C.C.**  
CITY-ST-ZIP **PALM CITY FL 33410**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**600002601866--7**  
**-07/29/98--01081--009**  
**\*\*\*150.00 \*\*\*150.00**

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 **DOUG LUTZ** **7-17-98** **561-977-117**

CR2E034 (5/98)

**M.A.D. ASSOCIATES, INC.  
600 SANDTREE DRIVE  
SUITE 109  
PALM BEACH GARDENS, FL 33410  
(561) 776-0456**

July 9, 1998

State of Florida  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Gentlemen,

We have just received your letter stating that we have not filed our 1998 annual report or paid the annual fee. Please be advised that this report was filed on April 27, 1998 along with a check for \$150. According to our records that check is still outstanding, indicating that somehow the envelope did not reach its destination. A stop payment has been issued and a new check for \$150 is enclosed as well as a copy of the annual report. Since we feel that we did comply with the state of Florida, we would like to request that the late penalty be waived. We will use certified mail for all filings with the state of Florida to assure that this does not happen in the future. Thank you for consideration in this matter.

Respectfully submitted,

*Mara Tripi*

Mara Tripi