F97000006336

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	MADAR, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	F97000006336
The enclosed withdrawal applica	tion and fee are submitted for filing.
Please return all correspondence commatter to the following:	oncerning this
\	WILLIAM S. EDWARDS, CPA
	(Name of Person)
TIMMO	ONS, EDWARDS & COMPANY, P.C.
	(Firm/Company)
7315 W	ISCONSIN AVENUE, SUITE 420 EAST
	(Address)
BETI	HESDA, MARYLAND 20814-3222
	(City/State and Zip code)
For further information concerning	this matter, please call:
WILLIAM S. EDWA	RDS _{at (} 301 ₎ 654-6565
(Name of Person)	(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FI MADAR, INC. (Name of Corporation) F97000006336 (Document Number of Corporation (if known) WASHINGTON, D.C. (Incorporated Under Laws of) This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida. This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address for the corporation: P.O. BOX 9904 (Mailing Address) WASHINGTON, D.C. 20016-8904 (City/ State /Zip) The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary by that fiduciary) VICE PRESIDENT ALISON K. RUSSELL (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35