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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00567

(8)

MADER SOUTHEAST, INC.

FILED Mar 19 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					188501 8145 8011 60131 4111 9111 1001	81811 B1811	81861 B1864 B1811		
OCOEE FL 347	. FARMS ROAD 61	801 MARSHALL FARMS R OCOEE FL 34761-3316	OAD						
					3. Date Incorporated or Qualified 04/25/1984	ı	Date of Last R /29/1996	leport	7
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	'	oplied For	
21		26			59-2415354			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country 25		7ip	Country 30		8. This corporation has liability for intangible tax under s. 199.03 Florida Statutes Yes \(\sigma \) No			199.032,	
	9. Name and Address of Current				10. Name and Address of New Re	gisterød	Agent]
	EY, LILBURN R., ESQ.		81	Name					
	S ORANGE AVE STE 850 STATE TOWER		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	J		
	ANDO FL 32801		83		······································				1
• • • • • • • • • • • • • • • • • • • •			84	City			85 Zip (Code	-
						FL	<u>- </u>		
office or r	egistered agent, or both, in the State c	al Horida, Such change was	sulhorized b	v the corners	poration submits this statement for the patients board of directors. Thereby accept	ourpose of the ap	of changing it pointment as	is registered registered	
=	m familiar with, and accept the obligat	hons of, Section 607.0505, FI	lorida Statute	S.					
SIGNATURE	Signature, typed or printed name of registered agent	Lano tilic if applicable (NO)	IL Registered Ag	ent signature roqu	ired when reinstating)	DATE	·		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR] g
TITLE	S IOUNIOON IEAN	☐ DELETE	111HLE				☐ Change	Addition	Ò
NAME	904 MADOUALL CADMO DOAD		1.2 NAME						Š
STREET ADDRESS	מאאר פו			1 ADDRESS					ŭ
CITY-ST-ZIP TITLE	PO	DELETE	1.4 CITY - 1 2.1 TH LE	S1-7IF			Change	Addition	16
NAME	JOHNSON, THOMAS M.		2.2 NAME	Ì					
STREET ADDRESS	801 MARSHALL FARMS ROAD		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	OCOEE FL		2 4 CITY-	ST-7IP					
TITLE	D	☐ DELFTE	3.1 TITLE				Change	Addition	
NAME	JOHNSON, THOMAS M JR		3.2 NAME	}					
STREET ADDRESS	801 MASHALL FARMS ROAD OCOEE FL			T ADDRESS					
CITY-ST-ZiP TITLE	VP	DELETE	3.4. CITY - 4.1 TULE	S1 - ZIP			Change	Addition	_
NAME .	MOREHEAD, JAMES	<u></u>	4 2 NAME				onange	[\ \Odd(\odd)	
STREET ADDRESS	801 MARSHALL FARMS ROAD			1 ADDRESS					
CITY-ST-ZIP	OCOEE FL		4.4 CITY -	j					1
TITLE	VP	□ DELETE	5.1 ₹III €				Change	Addition	,
NAME	CODDINGTON, JAMES C		5.2 NAME						
STREET ADDRESS	801 MARSHALL FARMS ROAD		5.3 STREE	I ADDRESS					
CITY-ST-ZIP	OCOEE FL		54 CRY+:	ST - ZIP					
TITLE		DELETE	611111				Change	Addition	1
NAME			6.2 NAM8						
STREET ADDRESS			6.3 STREE	1 ADDRESS					
CITY-ST-ZIP			6.4 CITY - I	S1-20P					_

14. I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; that I am an officer or director of the corporation on the receiver or trustee exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.