

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K23684 (9)**
1. Corporation Name
MADELINE & ASSOCIATES INC.



Principal Place of Business: **777 NW 72 AVE STE 2K1 MIAMI FL 33126**
Mailing Address: **777 NW 72 AVE STE 2K1 MIAMI FL 33126**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified: **05/16/1988**
3a. Date of Last Report: **06/13/1995**
4. FEI Number: **65-0048989**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HILSENRAD, MADELINE
777 NW 72ND AVE
2K1
MIAMI FL 33126**

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
FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Signature required for filing)

Signature of Registered Agent (Signature required for filing)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	HILSENRAD, MADELINE	
3. STREET ADDRESS	777 NW 72 AVE 2K1	
4. CITY, ST., ZIP	MIAMI, FL 33126	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST., ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST., ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST., ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST., ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST., ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY, ST., ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY, ST., ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. CITY, ST., ZIP		
37. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME		
39. STREET ADDRESS		
40. CITY, ST., ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Handwritten Signature* **2-2-96 305-2611269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)