

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70139

1. Corporation Name

MICHAEL J. MADFIS, INC.

Principal Place of Business

1525 SOUTH ANDREWS AVENUE
SUITE 226
FORT LAUDERDALE FL 33315
US

Mailing Address

1525 S ANDREWS AVE
STE 226
FT LAUDERDALE FL 33315
US

2. Principal Place of Business

21 1231 S. Andrews Ave
Suite, Apt. #, etc.

22 City & State
23 Ft. Laud, FLA

24 Zip 33316 25 Country USA

2a. Mailing Address

26 1231 S. Andrews Ave
Suite, Apt. #, etc.

27 City & State
28 Ft. Laud, FLA

29 Zip 33316 30 Country USA

9. Name and Address of Current Registered Agent

OPPENHEIMER, ROSS A
901 SOUTH STATE ROAD 7
SUITE 220
HOLLYWOOD FL 33023

3. Date Incorporated or Qualified

03/03/1989

4. FEI Number

65-0115331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name Ross Oppenheimer & Sewell & Co.

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

8080 Pasadena Blvd

83

84 City Pembroke Pines

FL

85 Zip Code 33024

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 VT
NAME MADFIS, MICHAEL J.
STREET ADDRESS 1525 SOUTH ANDREW AVE #226
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE PS
NAME MADFIS, JERYL
STREET ADDRESS 1525 SOUTH ANDREW AVE #226
CITY-ST-ZIP FORT LAUDERDALE FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE & TREASURER
1.2 NAME MADFIS, MICHAEL J.
1.3 STREET ADDRESS 1231 S. Andrews Ave.
1.4 CITY-ST-ZIP Ft. Laud, FLA 33316

2.1 TITLE PS.
2.2 NAME MADFIS, Jeryl
2.3 STREET ADDRESS 1231 S. Andrews Ave
2.4 CITY-ST-ZIP Ft. Laud, FLA 33316

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

954-463-0833

Daytime Phone #

CR2E034 (1/98)

0296737

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90066 031 ***150.00



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