SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 9:39

DOCUMENT # **K71913** **(3)**

1. Corporation Name
ISLAND TRADER MARINE, INC.

Principal Place of Business	Mailing Address
% CECIL R. DELCHER 15824 KNOLLVIEW DRIVE TAMPA FL 33624	% CECIL R. DELCHER 15824 KNOLLVIEW DRIVE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1989
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business (21): 11702 Forest Hills Dr.
Suite, Apt. #, etc. (22):
City & State (23): Tampa, Fla
Zip (24): 33612 County (25): Hillsborough

2a. Mailing Address (26): 11702 Forest Hills Dr
Suite, Apt. #, etc. (27):
City & State (28): Tampa, Fla.
Zip (29): 33612 County (30): Hillsborough

4. FEI Number: 59-3021468 ☐ 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

DELCHER, CECIL R.
15824 KNOLLVIEW DRIVE
TAMPA 33624

10. Name and Address of New Registered Agent

81 Name: Cecil R. Delcher
82 Street Address (P.O. Box Number is Not Acceptable): 11702 Forest Hills Dr
83:
84 City: Tampa FL 85 Zip Code: 33612

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] Cecil R. Delcher 6/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	DELCHER, CECIL R.	12 NAME		
STREET ADDRESS	15824 KNOLLVIEW DR.	13 STREET ADDRESS	11702 Forest Hills Dr	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL. 33612	
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	MILLER, DIANA F.	22 NAME		
STREET ADDRESS	15824 KNOLLVIEW DR.	23 STREET ADDRESS	11702 Forest Hills Dr	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL. 33612	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	DYKSTRA, WILLIAM	32 NAME		
STREET ADDRESS	13463 D GOVERNOR'S DR	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: [signature] Cecil R. Delcher 6/8/95 813/975-9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0165664 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 0:55

DOCUMENT # **K72519** **(7)**

1. Corporation Name
MADISON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8140 S.W. 3RD STREET N. LAUDERDALE FL 33068	12524 TANGERINE BLVD WEST PALM BEACH FL 33412-2038 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/14/1989	3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0106639	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 12524 Tangerine Blvd.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: West Palm Beach, FL	28 City & State
24 Zip: 33412	29 Zip
25 Country: Palm Beach	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MADISON, ROBERT 8140 S.W. 3RD STREET N. LAUDERDALE FL 33068	01 Name: Madison Robert 02 Street Address (P.O. Box Number is Not Acceptable): 12524 Tangerine Blvd. 03 City: West Palm Beach, FL 33412 04 City: FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	☒ Change	☐ Addition
NAME	MADISON, ROBERT	12 NAME		
STREET ADDRESS	8140 S.W. 3RD STREET	13 STREET ADDRESS	12524 Tangerine Blvd.	
CITY-ST-ZIP	N. LAUDERDALE FL	14 CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE		21 TITLE	☐ Change	☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: _____ Robert W. Madison 6/15/95 (407) 791-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0002907 CP