

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L05764 (0)

1. Corporation Name

MADISON'S AVENUE, INC.



Principal Place of Business

**4970 STACK BLVD., SUITE B1
MELBOURNE FL 32901**

Mailing Address

**4970 STACK BLVD., SUITE B1
MELBOURNE FL 32901**

3. Date Incorporated or Qualified

07/28/1989

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2962433

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYERS, DONALD A
3895 COREY ROAD
VALKARIA FL 32905**

81. Name

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

83.

84. City

FL

85. 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

Signature of registered agent or authorized officer of corporation

(Note: Registered Agent signature required on this statement)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
P MYERS, DONALD A
STREET ADDRESS
3895 COREY ROAD
CITY-ST-ZIP
VALKARIA FL 32905

2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE ☐ DELETE

9. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE ☐ DELETE

13. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE ☐ DELETE

17. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE ☐ DELETE

21. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

22. NAME
23. STREET ADDRESS
24. 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:

Donald A. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

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CR2E034 (12/95)