


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004440 (0)**

1. Corporation Name

**MADELAINE C. ENTERPRISES, INC.**



Principal Place of Business <b>1445 ROCKLEDGE DRIVE ROCKLEDGE FL 32955</b>	Mailing Address <b>1445 ROCKLEDGE DRIVE ROCKLEDGE FL 32955</b>
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3. Date Incorporated or Qualified  
**08/05/1997**

4. FEI Number ☒ Applied For  
☐ Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULLMER, MADELAINE C  
1445 ROCKLEDGE DRIVE  
ROCKLEDGE FL 32955**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>PVST</b> <input type="checkbox"/> DELETE
NAME	<b>FULLMER, MADELAINE C</b>
STREET ADDRESS	<b>1445 ROCKLEDGE DRIVE</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>Benjamin Elliott</b>
STREET ADDRESS	<b>3700 N. Harbor City</b>
CITY-ST-ZIP	<b>Suite 2F Melbourne, FL 32935</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>Michael Minat</b>
STREET ADDRESS	<b>319 Riveridge Blvd</b>
CITY-ST-ZIP	<b>Suite 218 Cocoa, FL 32922</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>B.A. Huthacker</b>
STREET ADDRESS	<b>1344 Calypso Dr.</b>
CITY-ST-ZIP	<b>Deland FL 32804</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Madeline C Fullmer**

**2-04-98**

CP2E037 (10/97)