

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P17281** (7)  
1. Corporation Name  
**MADISON MORTGAGE COMPANY, INC. OF DELAWARE**



Principal Place of Business Mailing Address  
**%CONCORD ASSETS GROUP, INC.**  
**5200 TOWN CENTER CIRCLE, FL-4**  
**BOCA RATON FL 33486**

|                                                                                                                                                     |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/17/1987</b>                                                                                              | 3a. Date of Last Report<br><b>02/01/1995</b>                                       |
| 4. FEI Number<br><b>51-0280873</b>                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required                                              |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | <b>\$5.00</b> May Be Added to Fees                                                 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                    |

|                                |                           |
|--------------------------------|---------------------------|
| 2. Principal Place of Business | 2a. Mailing Address       |
| 21<br>Suite, Apt. #, etc.      | 26<br>Suite, Apt. #, etc. |
| 22<br>City & State             | 27<br>City & State        |
| 23<br>Zip                      | 28<br>Zip                 |
| 24<br>Country                  | 29<br>Country             |
| 25                             | 30                        |

9. Name and Address of Current Registered Agent

**CONCORD ASSETS GROUP, INC**  
**5200 TOWN CENTER CIRCLE, 4TH FLOOR**  
**BOCA RATON FL 33486**

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                                           |

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 (Required for all Corporations)

(The Registered Agent's signature required when the following apply)

(Date)

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                       | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MANDOR, LEONARD          | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5200 TOWN CENTER CIR FL4 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | BOCA RATON FL            | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VTD                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MANDOR, ROBERT           | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5200 TOWN CENTER CIR FL4 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | BOCA RATON FL            | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | V                        | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHORE, HARVEY            | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5200 TOWN CENTER CIR FL4 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | BOCA RATON FL            | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VS                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LE VINE, JOAN            | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5200 TOWN CENTER CIR FL4 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | BOCA RATON FL            | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                          | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                          | 6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Robert Mandor**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/14/96** (407) 394-9533  
Date Daytime Phone #

CR2E034 (3/96)