Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90083 041 ***150.00

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 # **P39983**

1. Corporation Name

MADINE SPECIALITIES GROUP INC

MAHINE	SPECIALITIES GROUP, INC	I •							
Principal Plac	e of Rusiness	Mailing Address				I SANTINGA IND SAKA IDAH INDA			20 01011 10E1
96 WILLARD STREET 3413 EASTERN AVE. SE									
STE 201 GRAND RAPIDS MI 49506-240			6			1			
COCOA FL 32922 US						1	RITE IN THIS	SPACE	
US					Į.	Incorporated or Qualife	·d		ļ
						10/1992			
Principal Place of Business Za. Mailing Address					4. FEI I			— ``	plied For
21 26					38-1	1460927			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certi	fcate of Status Desired		\$8.75 A Fee Red	
22 27									`
<u>⊢</u>		City & State	City & State			ion Campaign Financing	^g \square	\$5.00	•
23		28	Country			Fund Contribution		Added to	rees
				,		corporation owes the cu	irrent year int		□No
24 25 29 30 9. Name and Address of Current Registered Agent			<u> </u>			onal Property Tax. e and Address of New	Panistavad	Д	- 110
	9. Name and Address of Curren	t Registered Agent	81	Name		B Alla Address of New	Rogistorea	Agont	
APM	OLD, PATRICK H								
96 WILLARD STREET			82	Street .	Address (P.O. Bo	ox Number is Not Accep	otable)		Í
SUITE 201			83	-					
COCOA FL 32922			63						
CUCUA PL 32922			84	City			FL	85 Zip C	ode
44						it at it address of for the			rogistored
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		NOTE D			required when reinstating	-) 1	DATE		
12,	Signature, typed or printed name of registered agen		13.	it signature i		TIONS/CHANGES TO C		ND DIRECTO	RS IN 12
TITLE	CITIOLITO PARE DATE OF THE PARE DE LA COLOR DE LA COLO		1.1 TITLE		T	1		Change	☐ Addition
NAME	WOOD, ROBERT H.								
	· · · · · · · · · · · · · · · · · · ·			TADORESS					
STREET ADDRESS			1.4 CITY-S		1	i			
CITY-ST-ZIP			21 TITLE	;- <u>Z</u> JF		1	••••	Change	Addition
	- I		2.2 NAME						_
NAME	MIGHEL I			T ADDRESS					i
STREET ADDRESS	0110 21012101112102 02				1				}
CITY-ST-ZIP	OFFICE CO.		2. 4 CITY-9 3.1 TITLE	51-ZIP				Change	☐ Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		3.1 DILE					_ ,	
NAME	TICOTTI, DAVID III.			T ADODESS		1			
STREET ADDRESS	300 Billbaz 31 1111, 412 300			TADORESS					
CiTY-ST-ZiP	CHI THE THE		3.4. CITY-9	51-212				Change	Addition
TITLE	CFO	□ ocerte				,		س	
NAME	KNAPP, JAMES		4. 2 NAME			1			
STREET ADDRESS	3413 EASTERN AVE, SE			TADDRESS					
CITY-ST-ZIP	GRAND RAPIDS MI 49518	☐ DELETE	4.4 CITY-S	I-ZIP	Co. co L.	<u>t</u>		Change	Addition
TITLE		☐ nerese	5.1 TITLE 5.2 NAME		7	Kragt Kragt Heth Ave			~
NAME				TADORESS I	JACKT!	Weth Aue			
STREET ADDRESS			5.4 CITY-S		Dorr	mi 493	3 2 3		l
CITY-ST-ZIP			6.1 TITLE	, - <u>4.11</u>	Derr	///	<u>, ~ , </u>	Change	Addition
TITLE		☐ DELETE	6.2 NAME			ſ			
INCOME.			6.3 STREET	TADDRESS		1			
					i	1			

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

UIRED

616 4528611