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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000002390 (2)

1. Corporation Name

MADISON MOTORS, INC.

Principal Place of Business

Mailing Address

300 E BASE ST
MADISON FL 32340
US

P O BOX 457
MADISON FL 32341-0457
US

2. Principal Place of Business

21 305 W. BASE ST.

Suite, Apt. #, etc.

22

City & State

23 Madison FL

Zip

24 32340

Country

25 AA USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

04/01/1996

4. FEI Number

59-3149074

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

RIERA, PELAYO A
300 E BASE ST
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name

Nancy Morris

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

3940 WW Kelly Rd

83

84 City

Tallahassee

FL

85 Zip Code

32311

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

5-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME RIERA, PELAYO A
STREET ADDRESS 300 E BASE ST
CITY-ST-ZIP MADISON FL

DELETE

TITLE VD
NAME MORRIS, NANCY
STREET ADDRESS 3940 WW KELLY RD
CITY-ST-ZIP TALLAHASSEE FL 32311

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Nancy Morris
1.3 STREET ADDRESS 3940 WW Kelly Rd
1.4 CITY-ST-ZIP Tallahassee FL 32311

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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]
Name typed or printed name of registered agent and title if applicable

5-1-97

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CR2E034 (9/96)