

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

APPROVED AND FILED

05 MAY -1 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|--|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P93000057436 (6)
1. Corporation Name:
MADCO OF UK, INC.

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|---|--|
| Principal Place of Business: 436 20TH AVE NE ST PETERSBURG FL 33702 | Mailing Address: 334 ST STE 200B ST PETERSBURG FL 33701 US |
|---|--|

DO NOT WRITE IN THIS SPACE

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

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/05/1993 | 3a. Date of Last Report 04/18/1994 |
| 4. FEI Number 59-3188293 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HARGROVE, KATHLEEN
436 20TH AVE NE
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | P CARMELLO, JIM 436 20TH AVE NE ST PETERSBURG FL 33702 | 1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | V CARMELLO, JOHN 436 20TH AVE NE ST PETERSBURG FL 33702 | 2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | V HICKS, STEVE 436 20TH AVE NE ST PETERSBURG FL 33702 | 3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | ST CARMELLO, JANET E 3072 43RD ST SW NAPLES FL 33999 | 4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | | 5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | | 6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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(2)(b), 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 executor 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: Jim Caramello **4/27/95** **813 821-1617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR