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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS P93000065322 (8) DOCUMENT # 1. Corporation Name MADISON DIRECT, INC. Principal Place of Business Mailing Address 5402 ALOHA DR. 5402 ALOHA DR. ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33706 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1993 06/29/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-3200134 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees  $Z_{(D)}$ Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes ¥Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHANEY, LINDA 82 Street Address (P.O. Box Number is Not Acceptable) 5402 ALOHA DR. ST. PETERSBURG FL 33706 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. Thereby accept the appointment as registered agent. I am accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required v 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DEL ETE 1 1 TITLE Change Addition CHANEY, LINDA MAME 1.2 NAME 5402 ALOHA DR. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33706 CITY-ST-ZIP 14 CHY-\$1-ZIF TrTLE DELETE 2 1 TITLE Add-tion NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 C/TY-ST-7/P TITLE DELFTE 3 17:118 ☐ Change Addition 3.2 NAM STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 3.4 CITY - S1 - ZIP TILLE DELETE 4 1 ] | ] [ [ 6 Change Add:tion NAME 42 ME STREET ADDRESS 43 REET ADDRESS CITY-ST-ZIP 44 TITLE DELETE 5 [] Change Addition NAME STREET ADDRESS ELL ADDRESS CITY - ST - ZIP \$T-7IF TITLE DELETE ☐ Change Add-tion NAME STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished a certify that the information indicated on this annual report or supplemental annual report of that I am an officer or director of the corporation or the receiver or trustee emporangears in Block 12 or Block 13 if changed, or on an attachment with an address.

ies not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further true and accurate and that my signature shall have the same legal effect as if made under I to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

D:TY-ST-Z/P

LADDRESS

3/26/96 813/367-6322

CR2E034 (12/95)