FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054101 (8)**

1. Corporate Name
ELDER MADARY DESIGN GROUP, INC.

Principal Place of Business
859 PINE VIEW AVENUE
ROCKLEDGE FL 32955

Mailing Address
859 PINE VIEW AVENUE
ROCKLEDGE FL 32955

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **07/21/1994**

3a. Date of Last Report

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City, State
24 City 25 Zip/Postal
26 Mailing Address
27 Suite, Apt. #, etc.
28 City, State
29 City 30 Zip/Postal

4. FEI Number: 593247270

Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Electronic Campaign Financing Type Filer Contributor [ ] **$5.00** May Be Added to Fees

8. For corporations not listed, to elect to be taxed under S. 1371.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MADARY, CHARLES R III
859 PINE VIEW AVENUE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of section 607.0505 Florida Statutes, the above named corporation submits the 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 hereby accept the obligations of section 607.0505 Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MADARY, CHARLES R III
STREET ADDRESS	859 PINE VIEW AVENUE
CITY, ST, ZIP	ROCKLEDGE FL 32955
TITLE	V
NAME	MADARY, MARK A III
STREET ADDRESS	859 PINE VIEW AVENUE
CITY, ST, ZIP	ROCKLEDGE FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is accurate and that the corporation qualifies to file under Section 607.0505 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 the report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95
DATE

(407) 639-2609
TELEPHONE #

0070000 CM