

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

1-3

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000054101 (8)

1. Corporation Name

ELDER MADARY DESIGN GROUP, INC.



Principal Place of Business

Mailing Address

859 PINE VIEW AVENUE
ROCKLEDGE FL 32955

859 PINE VIEW AVENUE
ROCKLEDGE FL 32955

3. Date Incorporated or Qualified
07/21/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature typed or printed name of registered agent and his, if applicable

(NOTE: Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PST

☐ DELETE

NAME

MADARY, CHARLES R III

STREET ADDRESS

859 PINE VIEW AVENUE

CITY - ST - ZIP

ROCKLEDGE FL 32955

TITLE

V

☒ DELETE

NAME

MADARY, MARK A III

STREET ADDRESS

859 PINE VIEW AVENUE

CITY - ST - ZIP

ROCKLEDGE FL 32955

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Madary
6/23/96
407-639-2609

CR2E034 (3/96)

P94000054101

2-3

GENERAL POWER OF ATTORNEY

I, Charles Read Madary 3, residing at 859 Pine View Ave., Rockledge, Florida 32955, hereby appoint Karin Dehnert Madary of 859 Pine View Ave., Rockledge, Florida 32955, USA, as my Attorney-in-Fact, to act in my name and place, and for my benefit on my behalf with authority to do the following:

1. Open, maintain or close bank accounts (including, but not limited to checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safety deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me.
3. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
4. Enter into binding contracts on my behalf.
5. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired), including but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession).

If the Attorney-in-Fact named above is my spouse, then I also hereby appoint Diane Stottler Elder, as my Attorney-in-Fact solely for the purpose of releasing any dower or other inchoate interest I might have in any property, including my homestead specifically described above.
6. Prepare, sign, and file documents with any governmental body or agency, including but not limited to, authorization to:
 - a. Prepare, sign and file income and other tax returns with federal, state, and local and other governmental bodies.

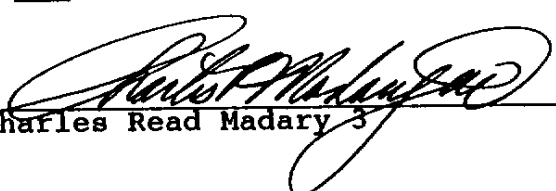
- b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency.
- c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits.

This Power of Attorney is intended to be a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

I hereby grant to my Attorney-in-Fact full right, power and authority to do every act, deed and thing necessary or advisable to be done concerning the above powers, as fully as I could do if personally present and acting.

This Power of Attorney shall become effective immediately, shall not be affected by my disability or lack of mental competence, and shall continue effective until my death; provided, however, that this Power may be revoked by me as to my Attorney-in-Fact at any time by written notice to my Attorney-in-Fact.

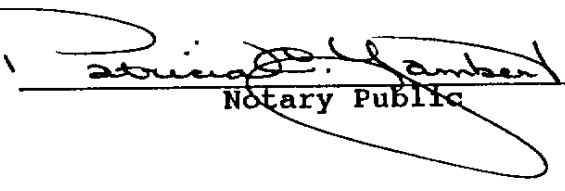
Dated May 6, 1996, at Rockledge, Florida, USA.


Charles Read Madary 3

State of Florida)
County of Brevard) ss:

On this 6th day of May, 1996, before me, the undersigned, Notary Public for the State/Commonwealth of Florida, personally appeared Charles Read Madary 3 to me known (or to me proved) to be the identical person named in and who executed the above General Power of Attorney, and acknowledged that such person executed it as such person's voluntary act and deed.

My Commission expires:


Notary Public

