## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000057590 (9)											
MADCO OF AUBURN, INC.											
Principal Place of Business Mailing Address								-{		<b>e</b> iril <b>ileə</b> i <b>ə</b> ilil əbib	
33 4TH STREET N. ST. PETERSBURG FL 33701			SI ST	33 4TH STREET NORTH SUITE 210 ST. PETERSBURG FL 33701-3806							
			U:	S 				<ol> <li>Date Incorporated or Qualif 07/26/1994</li> </ol>		Date of Last R 05/01/1996	eport
2. Principal P	Place of Busine	iss	—1	2a. Mailing Address				4. FE! Number Applied For			<u> </u>
21 Suite, Apt. #, etc.			26	Suite, Apt #, etc.				63-1123582 Not Applicable \$8.75 Additional			_ <del></del> -
22			27	27				5. Certificate of Status Desired		,	Additional equired
City & State				City & State				6. Election Campaign Financin	ia	\$5.00	
23			28					Trust Fund Contribution	~ 🗆	Added	
Ζιρ		Country		Zφ		untry		8. This corporation has liability		~	. 199.032,
24		5	29		30			Florida Statutes	☐ Yo		
		nd Address of C	urrent Regi	stered Agent		81	Name 1	10. Name and Address of Nev	Registe	red Agent	
	RGROVE, KA	IE						Mes Caramello			
436 20 AVE NE St. Petersburg Fl 33704				8			Street Addre	pss (P.O. Box Number is Not Acque 4 ST. No.	ptable)		
31.1	PETENODUR	U FL 33/04				83		4 31, No, W	~		
						L					
						84	City <7	PETERS DURG		FL   85   Zip	Code <b>3701</b>
11. Pursuant	to the provision	ns of Sections 60	7.0502 and (	607.1508, Florida S	statutes, the a	LLL. bove	e-named corp	oration submits this statement for			s registered
office or r agent. I a	registered age am familiar will	nt, or both, in the	State of Flori obligations of	ida, Such change v of, Section 607,050	was authorizo 5. Florida Sta	ed by itutes	the corporate	oration submits this statement for on's board of directors. I hereby a	ccept the	appointment as	registered
SIGNATURE		1		Jami	_				4/29		
	St. sture, typed o	plinted name of registe					ut signature require	o ink ir teinsigning)			
12.	PST	OFFICER	S AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO C	FFICERS	AND DIRECTOR  Change	RS IN 12 Addition
TITLE	CARAMEL	MIL O		CT DICEIL	1		}			Change	L_I AUGINON
NAME Street address		TERRACE NO			1.2 N		ADDRESS				
CITY-ST-ZIP	ST PETE F					ITY-S	1				•
TITLE				DELET			1-24			Change	Addition
NAME					22 N						
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TITLE				DELETI	3.1 T	DLE				☐ Change	☐ Addition
NAME					3.2 N	IAME					İ
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TALE				☐ DELETI						Change	Addition
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STREET ADDRESS							ADDRESS				
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NAME					52 N						
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STREET ADDRESS					5.3 \$	REET	ADDRESS				Ì
CITY-ST-ZIP						FIREET OTY-S					
				DILETI	5.4 0	/11Y - S				Change	Addition
CITY-ST-ZIP				DILEH	5.4 0	ALE			····	☐ Change	Addilion
CITY-ST-ZIP TITLE				DOTENI	5.4 C 6.1 T 6.2 N	THE SAME			···· <u>-</u>	☐ Change	Addition

rescribing user the information supplied with this tiling does not quality 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 eath; 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.

(012) 821-16/7

**FILED** 

May 14 1997 8:00am

Secretary of State