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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400069314 (0)

STIX MADISON, INC.

appears in Block 12 or Block 13 if cl

Principal Place	e of Business	Mailing Ac	ddress						
5830 NE 18TH AVENUE APT 304 FT LAUDERDALE FL 33334		•	5630 NE 18TH AVENUE APT 304 FT LAUDERDALE FL 33334-5929						
		FT LAUDER				Date Incorporated or Qualified			
						09/20/1994	1	28/1996	iepoir
2. Principal Pt	lace of Business	2a. Mailing	Address			4. FEI Number		Aj	oplied For
11		26				65-0520000		No	ot Applicable
Suite, Apt #	#, etc	Suite, #	Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State	е	City & S	State		······································	6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Cour	ntry	8. This corporation has liability for i	intan g ible	tax under s	. 199.032,
4	25	29		30		Florida Statutes] Yes 🔰	No	
	9. Name and Address of Cui	rrent Registered A	gent			10. Name and Address of New Re	gistered .	Agent	
PAIT	rchell, Paul			Ī	81 Name				
	0 NE 18TH AVENUE			ŀ	82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
APT				Ĺ		The state of the s			
FT L	LAUDERDALE FL 33334				83				
					84 City		FL	85 Zip	Code
11. Pursuant to	to the provisions of sections 607.	0502 201 607 160	Florida Osak d	es the ab		rooration submits this statement for the n	Urosea of	Changing i	te registered
							יט שפטקיטי	r changing a	realstered
office or re	egistered agent or both in the St	tate of Florida Such	hange was	authorized	by the corpora	ation's board of directors. I hereby accep	ot the app	iointment as	
office or re agent 1 an	egistered agent or both, in the Si m familiar with and a copt the of	tale of Florida Suo bliggion of Sector	hange was a 607.0505, Fig	authorized orida Statu	l by the corpora I tes.	poration submits this statement for the pation's board of directors. I hereby accept	ot the app	iointment as	_
SIGNATURE ,	X Tan C.	attal				×	of the app	5/97	
SIGNATURE	Signature types of printed harre of registered	a agentaria inte ri applica pi		E Registered		ulred when reinstating)	4/1	597	
SIGNATURE S	Signature types of printed harre of registered	AND DIRECTORS	le (NOT	E: Registered	Agent signature requ	×	4/1	797 DIRECTOR	RS IN 12
SIGNATURE SIGNATURE SIGNATURE	Signature 1/1/2 or printed name of registered OFFICERS	AND DIRECTORS		E: Registered 13.	Agent signature requ	ulred when reinstating)	4/1	597	
SIGNATURE SIZ. TITLE NAME	Signature Type of printed name of registered OFFICERS P PAITCHELL, PAUL E	AND DIRECTORS	le (NOT	E: Registered 13. 1.1 TITI 1.2 NAI	Agent signature requ LE	ulred when reinstating)	4/1	797 DIRECTOR	RS IN 12
SIGNATURE: STATE S	Signature vije of printed name of registerior OFFICERS P PAITCHELL, PAUL E 5630 NE 18 AVE APT 304	agend of the respins	le (NOT	13. 1.1 TITI 1.2 NAI 1.3 STR	Agent signature requ LE ME REET ADDRESS	ulred when reinstating)	4/1	797 DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Type of printed name of registered OFFICERS P PAITCHELL, PAUL E	agend of the respins	IO (NOT	E Registered 13. 1.1 ITII 1.2 NAI 1.3 SYF	Agent signature required to the signature requirement of the signature req	ulred when reinstating)	4/1	DIRECTOR Change	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-20P TITLE	Signature vije of printed name of registerior OFFICERS P PAITCHELL, PAUL E 5630 NE 18 AVE APT 304	agend of the respins	le (NOT	13. 1.1 IIII 1.2 NAI 1.3 STF 1.4 CIT 2.1 IIII	Agent signature required to the signature required to the signature requirement of the signature requir	ulred when reinstating)	4/1	797 DIRECTOR	RS IN 12
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SIGNATURE 12. TITLE NAME SIRELLADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature vije of printed name of registers OFFICERS P PAITCHELL, PAUL E 5630 NE 18 AVE APT 304	agend of the respins	IO (NOT	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	Agent signature required to the signature re	ulred when reinstating)	4/1	DIRECTOR Change	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature vije of printed name of registers OFFICERS P PAITCHELL, PAUL E 5630 NE 18 AVE APT 304	agend of the respins	IO (NOT	E. Registered 13. 1.1 ITII 1.2 NAI 1.3 STF 1.4 CIT 2.1 ITII 2.2 NAI 2.3 STF 2.4 CIT	Agent signature required. LE ME REET ADDRESS Y-SY-ZIP LE ME ME REET ADDRESS (Y-SY-ZIP)	ulred when reinstating)	4/1	DIRECTOR Change	S IN 12 Addition Addition
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