SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081144 (5)**

1. Corporation Name

MADISON FORSYTHE, INC.

Principal Place of Business	Mailing Address
4143 W. WATERS AVENUE, SUITE 228 TAMPA FL 33614	4143 W. WATERS AVENUE, SUITE 228 TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/04/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 9420 Lazy Ln	26 4143 W. Waters Ave 228	**65-0532123**	Applied For / Not Applicable
Suite, Apt. #, etc. 22 E-15	Suite, Apt. #, etc. 27 Tampa	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Tampa · Fl	City & State 28 Fl	6. [illegible] ☐	**$5.00** May Be Added to Fees
Zip: 24 33614 Country: 25 USA	Zip: 29 33614 Country: 30 USA	8. This corporation has liability for [illegible] Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 607.0502 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(S) [illegible] Date

12. OFFICERS AND DIRECTORS	13. [illegible]
P FORSYTHE, WILLIAM M 4143 W. WATERS AVENUE, SUITE 228 TAMPA FL 33614	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E034 (3/95)

14. [illegible] I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Madison Forsythe — June 6, 1995 — 813 933-9346

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone

0000000 CP