FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000002847 (8)

1. Corporation Name
MADISON ASSOCIATES, INC.

Principal Place of Business: Po Box 60683, Palm Bay, FL 32906
Mailing Address: PO Box 60683, Palm Bay, FL 32906

3. Date Incorporated or Qualified: 1/9/95
3a. Date of Last Report:

2. Principal Place of Business
21 PO Box 510265
Suite, Apt. #, etc.
22
City & State
23 Melbourne Beach, FL
Zip 24 32951 Country 25 USA

2a. Mailing Address
26 PO Box 510265
Suite, Apt. #, etc.
27
City & State
28 Melbourne Beach, FL
Zip 29 32951 Country 30 USA

4. FEI Number: 59-3288060 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Dyer, David W.
2200 S. Front St
Melbourne, FL 32901

10. Name and Address of New Registered Agent
81 Name: Peter Flotz
82 Street Address (P.O. Box Number is Not Acceptable): 1557 Waldorf Circle
83
84 City: Palm Bay **FL** 85 Zip Code: 32905

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] Peter Flotz DATE 6/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D, P, T, S ☐ Change ☒ Addition
NAME	LOZ, CHRISTIAN R	1.2 NAME	PETER FLOTZ
STREET ADDRESS	C/O 2200 S. FRONT ST	1.3 STREET ADDRESS	1009 ATLANTIC ST
CITY-ST-ZIP	MELBOURNE, FL 32901	1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	D ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLOTZ, DEBORAH	2.2 NAME	
STREET ADDRESS	C/O 2200 S. FRONT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	800001889688 -07/10/96--01042--034 ***233.75
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	071096 OR

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Peter Flotz 6/30/96 407-984-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)