

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000027468 (4)**

1. Corporation Name

MADISON CAPITAL MANAGEMENT CORP.



Principal Place of Business

Mailing Address

**C/O DAVID S. BATCHELLER, JR.
ONE SE 15TH ROAD, SUITE 275
MIAMI FL 33129**

**C/O DAVID S. BATCHELLER, JR.
ONE SE 15TH ROAD, SUITE 275
MIAMI FL 33129**

2. Principal Place of Business

2a. Mailing Address

21 **One S.E. 15th Rd.**

26 **One S.E. 15th Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 275**

27 **Suite 275**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Zip

24 **33129**

29 **33129**

Country

Country

25 **U.S.**

30 **U.S.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

4. FCI Number

65-0583493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**HAFT & ASSOCIATES, P.A.
1001 S. BAYSHORE DR.
SUITE 2702
MIAMI FL 33131-4900**

81 Name

Madison Capital Management Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

One S.E. 15th Rd.

83 Suite

Suite 275

84 City

Miami

FL

85 Zip Code

33129

(10) 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

David S. Batcheller Jr.

David S. Batcheller Jr.

April 29 1996

Signature typed or printed name of registered agent or director

Signature typed or printed name of registered agent or director

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BATCHELLER, DAVID S JR.**
STREET ADDRESS **ONE S.E. 15TH ROAD, SUITE 275**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

David S. Batcheller Jr.

DAVID S. BATCHELLER JR.

APR 29 1996

577-6489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E034 (12/95)