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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # P95000053134 (9)

| 1. Corporation                 | Name  |   |                                      |  |  |
|--------------------------------|---|---|--------------------------------------|--|--|
| MADCO                          | OF BOULDER, INC.  |   |                                      |  |  |
| Principal Place                | of Business   | Mailing Address                             |                                      |  | r Måribi åridfå rerån trhåli plett årni 3001 |
| 33 4TH STREET<br>ST. PETERSBUR |   | 33 4TH STREET N., STE.<br>ST. PETERSBURG FL | 2008                                 |  |  |
|                                |   |   |                                      | 06/30/1995   | 3a. Date of Last Report                      |
| 2. Principal Pla               | ce of Business  | 2a. Mailing Address                         | (0                                   | 4. FEI Number<br>84-/3/2768  | Applied For  Not Applicable                  |
| 21                             |   | 26 33 457. A<br>Suite, Apt. #, etc.         |                                      |  | \$8.75 Additional                            |
| Suite, Apt #, etc              |   | 27 STE. 210                                 | <b>)</b>                             | 5. Certificate of Status Desired   | Fee Required                                 |
| City & State                   |   | City & State                                | RSBURG, PL                           | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees                  |
| Zip                            | Country   | 7(0)  | Country                              | 8. This corporation has liability for int  | angible tax under s 199.032,                 |
| 24                             | 25  | 29 33701                                    | 30                                   | Florida Statutes Yes   |  |
|                                | 9. Name and Address of Current  | Registered Agent                            |                                      | 10. Name and Address of New Re-  | gistered Agent                               |
|                                |   |   | 61 Name                              |  |  |
| CARAMEL                        | CARAMELLO, JIM  |   |                                      | ress (P.O. Box Number is Not Acceptable  | # 2/0  |
| 22 ATH STREET N. STE 200R      |   |   | 63                                   | -5 33 431.10   |  |
| ST. PETE                       | rsburg fl   |   | 03                                   |  |  |
|                                |   |   | 84 City (7                           | PEIE   | FL 85 Zp Code 3370/                          |
| 44 Discusses * *               | o the provisions of Sections 607 0509:  | and 607.1508. Florida Statute               |                                      | the state of the s | aco of changing its registered office        |
|                                | ed agent, or both, in the State of Florida<br>th, and accept the obligations of Section |   |                                      | ration submits this statement for the purplind of directors. Thereby accept the appoin   | ntment as registered agent. I am             |
| familiar wit                   | th, and accept the ubilitations of Section  | 0 50 0505, Florida Statutes                 | •                                    | if it  | 125 196                                      |
| SIGNATURE                      | Signature Spied or printed name of registered agent of                                  | ou trie if apper able INC                   | if Engistered Agent Equatore require |  | DATE   |
| 12.                            | OFFICERS AND  |   | 13.                                  | ADDITIONS/CHANGES TO OFFIC   | CERS AND DIRECTORS IN 12  Change Addition    |
| TITLE                          | ST  | ☐ DELETE                                    | 1   TIT.E                            |  | C Cytange C Machen                           |
| NAME                           | CARAMELLO, JIM  |   | , 12 NAME                            |  |  |
| STREET ADDRESS                 | 33 4TH STREET N., STE. 200B   |   | 13 STREET ADDRESS                    |  |  |
| CITY-ST-ZIP                    | ST. PETERSBURG FL   | D DOLLIE                                    | 1.4 CIT ( · ST - ZIP<br>2.1 TILLE    |  | Change Addition                              |
| TITLE                          | V   | ☐ D€LETE                                    | 2.2 NAME                             |  | · · ·  |
| NAME                           | CARAMELLO, JOHN   |   | 2.3 SINEFT ADDRESS                   |  |  |
| STREET ADDRESS                 | 33 4TH STREET N., STE. 200B   |   | 2.4 Clir - S1 - ZIP                  |  |  |
| CITY - ST - ZIP                | ST. PETERSBURG FL   | [7] DELFTE                                  | 24 Gir+Si-20*                        |  | Change Addit on                              |
| TIFLE                          | D UICKE STEVE   | <u> </u>                                    | 32 NAVE                              |  |  |
| NAME<br>CTOSES ADDIDECE        | HICKS, STEVE<br>33 4TH STREET N., STE. 2008   | <b>!</b>                                    | 3.3 STHEET ADDRESS                   |  |  |
| STREET ADDRESS                 | ST. PETERSBURG FL   | •   | 3 4 C:17 - ST - ZiP                  |  |  |
| CITY+S1-ZIP<br>TITLE           | SI. FEIENSOUNG FL   | ☐ DELETE                                    | 4 1 TI LE                            |  | ☐ Change ☐ Addition                          |
| NAME                           |   |   | 4.2 NAME                             |  |  |
| STREET ADDRESS                 |   |   | 4.3 ST-EET ADORESS                   |  |  |
| CITY-ST-ZIP                    |   |   | 4.4 C+ Y - ST - ZIP                  |  |  |
| TITLE                          |   | DEL FTE                                     | 5 1 Tr'LE                            |  | Change Addition                              |
| NAME                           |   |   | 5.2 NAME                             |  |  |
| STREET ADORESS                 |   |   | 5.3 STREET ADORESS                   |  |  |
| CITY-ST-ZIP                    |   |   | 5.4.CLTY-ST-ZIP                      |  |  |
| TITLE                          |   | ☐ DELETE                                    | 6 1 TITLE                            |  | Change Addition                              |
| NAME                           |   |   | 62 N/ ME                             |  |  |

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND APED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 early, that I am an officer or director of this 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. Sim Caramello 3/22/96 821-16/7