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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000055080 (2)

MADISON LAKES INC.	
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Dispinal Phase of Physics - Ph	
Principal Place of Business Mailing Address	
2145 N.E. 204TH STREET NORTH MIAMI BEACH FL 33179 2145 N.E. 204TH STREET NORTH MIAMI BEACH FL 33179	
3. Date Incorporated or Qualified	3a. Date of Last Report
07/14/1995	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-06092	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	See Required
City & State City & State 6. Election Campaign Financing	5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liability for in 24 25 29 30 Florida Statutes 1/2 Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New R	legistered Agent
81 Name	
PINKWASSER, ALAN 82 Street Address (P.O. Box Number is Not Acceptable)	ole)
2145 N.E. 204TH STREET	·
NORTH MIAMI BEACH FL 33179	
84 City	B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the apportunity of the corporation of the purporation of the purpo	rpose of changing its registered office ointment as registered agent. I am
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	3
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating	
	DATE
	DATE ICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TILE D NAME DINKWASSED ETHER 12. ADDITIONS/CHANGES TO OFFI 13. ADDITIONS/CHANGES TO OFFI 14. ADDITIONS/CHANGES TO OFFI 15. ADDITIONS/CHANGES TO OFFI 16. ADDITIONS/CHANGES TO OFFI 17. ADDITIONS/CHANGES TO OFFI 18.	ICERS AND DIRECTORS IN 12 Change Addition
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12. OFFICERS AND DIRECTORS TITLE D IN DELETE NAME SIRRET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 TITLE NO	ICERS AND DIRECTORS IN 12 H

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM KRAUT 4/11/96

407-241-4887

Daytime Phone #

CR2E034 (12/95)