

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000055080 (2)
1. Corporation Name
MADISON LAKES INC.

Principal Place of Business 2145 N.E. 204TH STREET NORTH MIAMI BEACH FL 33179	Mailing Address 2145 N.E. 204TH STREET NORTH MIAMI BEACH FL 33179
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FILED

96 JUN -5 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8231 Muirhead Circ. Suite, Apt. #, etc. 22 City & State 23 Boynton Beach, FL Zip 24 33437		2a. Mailing Address 26 8231 Muirhead Circ. Suite, Apt. #, etc. 27 City & State 28 Boynton Beach, FL Zip 29 33437		3. Date Incorporated or Qualified 07/14/1995 4. FEI Number 65-0609213 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent PINKWASSER, ALAN 2145 N.E. 204TH STREET NORTH MIAMI BEACH FL 33179		10. Name and Address of New Registered Agent 81 Name PINKWASSER ALAN 82 Street Address (P.O. Box Number is Not Acceptable) 8231 Muirhead Circle 83 84 City Boynton Beach FL 85 Zip Code 33437	
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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 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, typed or printed name of registered agent and title if applicable

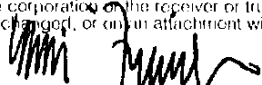
(NOTE: Registered Agent signature required when reinstating)

000002553840-6

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME KRAUT, WILLIAM STREET ADDRESS 2145 N.E. 204TH STREET CITY - ST - ZIP NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME Mark Fisch 1.3 STREET ADDRESS 8231 Muirhead Circle 1.4 CITY - ST - ZIP Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPT NAME FISCH, ERWIN STREET ADDRESS 2145 N.E. 204TH STREET CITY - ST - ZIP NORTH MIAMI BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE VP 2.2 NAME Erwin Fisch 2.3 STREET ADDRESS 8231 Muirhead Circle 2.4 CITY - ST - ZIP Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PINKWASSER, ALAN STREET ADDRESS 2145 NE 20TH ST CITY - ST - ZIP N MIAMI BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE Alan Pinkwasser 3.2 NAME 8231 Muirhead Circle 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



Erwin Fisch VP

4-24-98

954-421-7758

CR2E034 (10/97)