SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/1/96: \$225 (IF DISSO	DISSOLVED ON OR AFTEI LVED, MINIMUM AMOUNT D	R AUGUST	7, 1996. STATE: \$ 375.)		
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # P95000077633 (2)						
MAD S	CIENCE OF FLORIDA, INC.	·	•			
Principal Place of Business Mailing Address						
Principal Place of Business Mailing Address 20937 BAY CT. UNIT 111 20937 BAY CT. UNIT 111			111		A COLUMN TO THE	ani amire 1960) (amire 41166 1116 166 166
n Miami Bea	ICH FL 33180		N MIAMI BEACH FL 33180		Date incorporated or Qualified 10/02/1995	3a. Date of Last Report
21 2500 East Hallindile Beh sived. 26 250 E. H.					4. FEI Number	Applied For
Suite, Apt a	#, etc	26 25" O E. HAllandle S.L. Blud. Suite, Apt #, etc		65-062470 5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
22 Suite City & State	9	27 Suite 200 City & State		6. Election Campaign Financing	Fee Required 55.00 May Be	
23 KAllanda & FLorida Zip Country		28 HALLANGALE			Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24 33 00	9. Name and Address of Current	29 33009 Registered Agent	30	USA	Florida Statules 10. Name and Address of New Reg	Yes 🔀 No
SHLIEN, RON 20937 BAY CT, UNIT 111				Name	10. Name and Address of New Registered Agent	
208 N N			82 Street Address (P.O. Box Number is Not Acceptable)			
li	•			33		
11 Pureupot t	o the provisions of Continue COZ OCOS	oud 007 1600 Ft-1- 0		City		FL 85 Zip Code
office or re agent I ar	ogistered agent or both, in the State of n family ir with, and accept the objection	and 607, 1906, Florida Statur Florida: Such change was a ons of, Section 607,0505, Fla	res itrie abo authorized t oriou Statut	ve-named corpor by the corporation es	ration submits this statement for the purific board of directors. Thereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	YUSE /Y C			Agent Korp Hand teapons	5/12/16	TIA I
12.	OFFICERS AND	DIRECTORS DELETE	13.	f	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Chano: Addition
NAME	SHLIEN, RON		1.2 NAN	i		ERS AND DIRECTORS IN 12 66 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
STREET ADDRESS CITY-ST-ZIP	20937 BAY CT, UNIT 111 N MIAMI BEACH FL 33180		4	ET ADDRESS -ST-ZIP		ZEO
TITLE NAME	71	DELETE	2.1 TITL	F		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		DELETE	2 4 CHY - ST - ZIP 3 1 THUE		·	<i>C</i> h
NAME			3.2 NAME			Change Addition
STREET ADDRESS CITY+ST-ZiP				ET ADORESS (-S) ZIP		
DILE	DELETE		4 1 Till			Change Addition
NAME STREET ADDRESS	ss			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	The state of the s		4.4 CiTy	- ST - 70F		
NAME		DELETE	5 1 TITLE 5 2 NAM	1		Change Addition
STREET ADDRESS				E! ADDRESS		
TITLE	DELFTE		54 CITY - ST ZIP		80000192	Addition
NAME STREET ADDRESS	vance		6.2 NAM		80000187 -06/26/960101	3004
CITY-ST-ZIP		·	6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		***225.00	
made unde	or oath, that I am an officer or director of	s annual report of suppleme of the corneration of the rece	entar annual Pivor or trus	report is true and	for the exemption stated in Section 11 diacourate and that my signature shall to execute this report as regulated by Ch	
		hanged, or on an attachmer	nt with an ac	dress		
SIGNATU	JRE: SMATURE AND TYPED OR PR	IINTEO NAME OF SIGNING OFFICER	OR DIRECTOR		5/11/46 (95	19457-4060 05 5 5 6 96