

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

FILED
 Oct 15 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State, DIVISION OF CORPORATIONS
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DOCUMENT # P95000077633
 1. Corporation Name
MAD SCIENCE OF FLORIDA, INC.

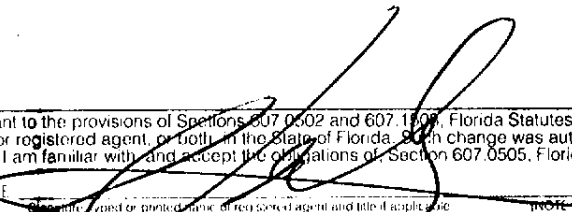
Principal Place of Business	Mailing Address
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 c/o 4300 S.W. 106 Terrace		26 c/o 4300 S.W. 106 Terrace		10/02/95	
22 City & State		27 City & State		4. FEI Number	
23 Davie, Florida		28 Davie, Florida		65-0624701	
24 Zip 33328		29 Zip 33328		Applied For	
25 Broward		30 Broward		Not Applicable	
5. Certificate of Status Desired				8.75 Additional Fee Required	
<input type="checkbox"/>				<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution				5.00 May Be Added to Fees	
<input type="checkbox"/>				<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 Goldberg, Young & Gravenhorst, P.A.			
				84 City			
				Fort Lauderdale, FL 33305			

11. Pursuant to the provisions of Sections 607.0502 and 607.1100, 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:  DATE: 10/12/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
				P.D.	Sklien, Ron	3400 Jean Talon West, Suite#101	Montreal, Quebec H3R-2E8
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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:  DATE: 9/23/98

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