FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000083888 (4)**

1. Corporation Name

MADISON SQUARE MANAGEMENT INC

Principal Place of Business	Mailing Address
9156 VINEYARD LAKE DR PLANTATION FL 33324	9156 VINEYARD LAKE DR PLANTATION FL 33324

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1007 N FEDERAL Hwy
22 Suite, Apt. #, etc.: 303
23 City & State: Ft LAUDERDALE FL
24 Zip: 33304
25 Country: BROWARD

2a. Mailing Address
26: 1007 N FEDERAL Hwy
27 Suite, Apt. #, etc.: 303
28 City & State: Ft LAUDERDALE FL
29 Zip: 33304
30 Country: BROWARD

4. FEI Number: 65-0617503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASTOR, PATTI
9156 VINEYARD LAKE DR
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1007 N FEDERAL Hwy 303
83
84 City: Ft LAUDERDALE FL 85 Zip Code: 33304

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 of new registered agent) (Printed name of new registered agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	ASTOR, PATTI	9156 VINEYARD LAKE DR	PLANTATION FL 33324	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1007 N FEDERAL Hwy 303	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntary furnished and 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, added or deleted.

SIGNATURE: Patti Astor — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/10/96 — Daytime Phone Number: (954) 423-8367