

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600000 9858

1. Corporation Name

MADISON INTERNATIONAL GROUP INC

Principal Place of Business

1644 IMPERIAL PALM DRIVE
APOPKA 32712
FLORIDA

Mailing Address

2457 A SOUTH HIAWASSEE RD
SUITE 312
ORLANDO 32835
FLORIDA

2. Principal Place of Business

21 1644 IMPERIAL PALM DRIVE

Suite, Apt. #, etc.

22

City & State

23 APOPKA FLORIDA

Zip Country

24 32712

25 U.S.A

2a. Mailing Address

26 2457 A SOUTH HIAWASSEE RD.

Suite, Apt. #, etc.

27

SUITE 312

City & State

28 ORLANDO FLORIDA

Zip

29 32835

Country

30 U.S.A

9. Name and Address of Current Registered Agent

SAVITRI SINGH
1644 IMPERIAL PALM DRIVE
APOPKA, FLORIDA
32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JANUARY 29, 1996

4. FEI Number

59-3363962

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name
SAVITRI SINGH

82 Street Address (P.O. Box Number is Not Acceptable)

1644 IMPERIAL PALM DRIVE

83 APOPKA

City

FL

85 Zip Code

32712

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

Savitri Singh

SAVITRI SINGH

June 19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE
WERNER DETTWILER - PRESIDENT
STREET ADDRESS 2457 A SOUTH HIAWASSEE ROAD
CITY-ST-ZIP SUITE 312, ORLANDO FLORIDA

TITLE NAME ☐ DELETE
SAVITRI SINGH - DIRECTOR
STREET ADDRESS 1644 IMPERIAL PALM DRIVE
CITY-ST-ZIP APOPKA, 32712 FLORIDA

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

800002914538--2
-06/24/99--01077--022
****158.75 ****158.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TS

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, with all other like empowered.

SIGNATURE:

Savitri Singh

SAVITRI SINGH

June 19/99 407-342-0094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)