FILE NOW: FILING FEE AFTER MAY 1 IS

i50.00

FILED

Jan 30 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054691 (6)

MADELINE SAYOC & ASSOCIATES, INC.

Principal Place of Business Mailing Address 18461 NORTHEAST 31ST COURT #2016 18151 NORTHEAST 31ST COURT #2016 AVENTURA FL: 33160 AVENTURA FL 33160-2666 2450 HOLLYWOOD 3. Date Incorporated or Qualified 3a. Date of Last Report HOLLYWOOD FL. 33020 06/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite Apt # rdc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 CORPORATION GERMOE COMPANY ADELINE SAYOGELLE 1201 HAYO OTREET 82 TALLAHAGGEE FL 32301 83 Zip Code 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. Lam familiar with pand accept the appointment as registered agent. Lam familiar with pand accept the appointment as registered. 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MADELINE SAYOC) 18151 NE 3157. COURT THE 1.1 TITLE Change Addition NAMI-1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS AUENTURA FL. 33160- >666 CITY-ST-20 1.4 CHY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CHY-ST-Zif 2 4 CITY - ST - ZIP DELETE TIZLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIE 3 4. CITY - ST- ZIP DELETE THILE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ACORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY+ST ZIP DELETE 5 1 TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City - ST ZIP 5.4 CITY - ST- ZIP DELETE Change ___ Addition 6.1 TITLE NAME 6.2 NAME STREET ACCRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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