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Apr 28 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 # P96000057073 (4)

1. Corporation Name
MAKADA, INC.

Principal Place of Business
909 SHADOW MOSS COURT
LAKELAND FL 33813

Mailing Address
909 SHADOW MOSS COURT
LAKELAND FL 33813-0550



2. Principal Place of Business

21 9141 W. CENTRAL AVE
Suite, Apt. #, etc.
SUITE 9

23 WINTER HAVEN FL

24 33880 Country

2a. Mailing Address

26 141 W. CENTRAL AVE
Suite, Apt. #, etc.
SUITE 9

28 WINTER HAVEN FL

29 33880 Country

3. Date Incorporated or Qualified
07/08/1996

3a. Date of Last Report

4. FEI Number

59-3391029

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

AMERILAWYER CHARTERED
949 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name SIDNEY W. CARTER
82 Street Address (P.O. Box Number is Not Acceptable)
9141 W. CENTRAL AVE
83
84 City WINTER HAVEN FL 85 Zip Code 33880

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME PTD
CARTER, SIDNEY W
STREET ADDRESS 909 SHADOW MOSS COURT
CITY-ST-ZIP LAKELAND FL 33813

13. TITLE

NAME VSD
CARTER, MARILYN M
STREET ADDRESS 303 SHADOW MOSS COURT
CITY-ST-ZIP LAKELAND FL 33813

14. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD

1.2 NAME CARTER, SIDNEY W.

1.3 STREET ADDRESS 229 SCOTTSDALE LOOP

1.4 CITY-ST-ZIP LAKELAND FL 33803

2.1 TITLE TRS/SECY

2.2 NAME CARTER, SIDNEY W.

2.3 STREET ADDRESS 229 SCOTTSDALE LOOP

2.4 CITY-ST-ZIP LAKELAND FL 33803

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

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIDNEY W. CARTER

4/21/97

CR2E034 (9/96)