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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000089004

MADISO1	N & COMPANY CONSULTAI	NTS, INC.			
Principal Place	of Business	Mailing Address			F 1084/891 MA (ALIA SILIN ANII) NRIII SRIIN SRIIN 1911 NRIII
640 WORTHING	TON DRIVE	640 WORTHINGTON DRIVE			
WINTER PARK I		WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE
US		US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
					10/25/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			- 58-2277508 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No
24	25		30		Personal Property Tax. LI Yes LINO 10. Name and Address of New Registered Agent
	9. Name and Address of Current	t Registered Agent	8	1 Name	
MAY	Berry, Robert G II				
	WIRTGUBGTIB DRUVE ————————————————————————————————————		8	2 Street	at Address (P.O. Box Number is Not Acceptable)
	ER PARK FL 32789		8		to worthing ton DZIVE
	ENT AIN 1 E GEFOO		0	1	
			8-	4 City	FL 85 Zip Code
	007.0500	1 007 4500 51-31- 61-14-	the obo	l anmad	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State (of Florida. Such change was aut	thorized b	y the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obligit	ns of, Section 607.0505, Florid	da Statute	s.	3-9-99
SIGNATURE)			
	Signature, typed or printed name tregistered age: OFFICERS AN		13.	ent signature i	e required when reInstating) DATE
12.	D	D DINEOTONO			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	U	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
IMPOVE	MAVREDDY DOREDT G II	☐ DELETE	1,1 TITLE		MA'BUZY 70BUZY G. I
ATDEET ADDRESS	MAYBERRY, ROBERT G II	☐ DELETE	1,1 TITLE 1.2 NAME	Ē	MA'BUZY 70BUZY G. I
STREET ADDRESS	1833 LOCHBERRY ROAD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDRESS	MATBURZY ROBERT G. II
CITY-ST-ZIP	1833 LOCHBERRY ROAD - WINTER PARK FL 32789	_	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ET ADDRESS ST-ZIP	MA'BUZY 70BUZY G. I
CITY-ST-ZIP TITLE	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ET ADDRESS ST-ZIP	MAYBUZY ROBUST G. II Nortange □Addition S G40 WORTHALTON DRIVE WINTER PARK FE 32789
CITY-ST-ZIP TITLE NAME	WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE	_	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ET ADDRESS ST-ZIP	MATBはは、不可能は 「Addition MATBははなり、不可能はなり、正 は は は は は は は は は は は は は は は は は は は
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	_	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS	MATBはは、不可能は 「Addition MATBははなり、不可能はなり、正 は は は は は は は は は は は は は は は は は は は
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS ET ADDRESS -ST-ZIP	MATBはは、不可能は 「Addition MATBははなり、不可能はなり、正 は は は は は は は は は は は は は は は は は は は
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	_	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	MATBURY ROBERT G. II Notange Addition South worth 1670 A DRIVE WINTER PARK FE 32789 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ET ADDRESS -ST-ZIP	MATBURN ROBERT G. II S GHO WORTHILLTON DRIVE WINTER PARK FR. 32789 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	MATBURN ROBERT G. II S GHO WORTHILLTON DRIVE WINTER PARK FR. 32789 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP	MATBURN ROBERT G. II S GHO WORTHILLTON DRIVE WINTER PARK FR. 32789 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP ET ADDRESS - ST-ZIP	DMATBURRY ROBERT G. II S GHO WORTHILLTON DRIVE WINTER PARK FR 32789 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAME 6.4 CITY- 6.5 NAME 6.5 NAME 6.5 NAME 6.6 NAME 6.6 NAME 6.7 N	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1833 LOCHBERRY ROAD - WINTER PARK FL 32789 D MAYBERRY, MARILYN JANE 324 CONCORD AVE NE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAME 6.4 CITY- 6.5 NAME 6.5 NAME 6.5 NAME 6.6 NAME 6.6 NAME 6.7 N	ET ADDRESS ST-ZIP ET ADDRESS	Addition

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 expressed 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

467-629-866X