

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000012484 (6)

1. Corporation Name  
MADINA, INC.

Principal Place of Business

110 EAST BYRD AVENUE  
BONIFAY FL 32425

Mailing Address

110 EAST BYRD AVENUE  
BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

59-3424454

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 BONIFAY

110 E Byrd  
AVE

Suite, Apt. #, etc.

22

City & State

23 BONIFAY FL

Zip

24 32405

Country

25 Holmes

2a. Mailing Address

26 110 E BYRD AVE

Suite, Apt. #, etc.

27

City & State

28 BONIFAY FL

Zip

29 32425

Country

30 Holmes

9. Name and Address of Current Registered Agent

WAHEED, MIAN ABUL  
110 EAST BYRD AVENUE  
BONIFAY FL 32425

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Mian A. Waheed vice President

02.02.98

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

(NOTE: Registered Agent signature required when re-registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ISMAIL, AHMAD TARIO  
STREET ADDRESS 110 EAST BYRD AVENUE  
CITY-ST-ZIP BONIFAY FL 32425

TITLE DV ☐ DELETE

NAME WAHEED, MIAN ABDUL  
STREET ADDRESS 110 EAST BYRD AVENUE  
CITY-ST-ZIP BONIFAY FL 32425

TITLE ST ☐ DELETE

NAME ANEES, MOHAMMAD  
STREET ADDRESS 1652 BRICKYARD ROAD  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE D ☐ DELETE

NAME ISMAIL, FATIMAAD  
STREET ADDRESS RT. 1, BOX 35 WEEKS STREET  
CITY-ST-ZIP BONIFAY FL 32425

TITLE D ☐ DELETE

NAME ANEES, KAUKAB  
STREET ADDRESS 1652 BRICKYARD ROAD  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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.

SIGNATURE

Mian A. Waheed

02.02.98

850.747.3666

CP2E034 (10/97)