SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P97000026716 (5)

1.	Corporatio	n Na me
1	MADEE.	INC.

Principal Place of Business	Mailing Address	
7076 N.E. ROAN	7076 N.E. ROAN	
ARCADIA FL 33821	ARCADIA FL 33821	

FILED Sep 11 1998 8:00am Secretary of State



rincipal Plac	ce or business	Mailing Addres	\$		r radicate red abert annie meter meter übert übert libib fittl indal (fill fill fill)
7076 N.E. ROA	N .	7076 N.E. ROAN	I		· ·
ARCADIA FL 3	3821	ARCADIA FL 336	321		DO NOT WOLT IN THE AR LOS
}					DO NOT WRITE IN THIS SPACE
1					3. Date Incorporated or Qualified
2. Principal F	Place of Business	2a. Mailing Add	fress		03/25/1997 4. FEI Number Annied For
21 7076	NE ROAN ST	26	1035		10 - 701 60
Suite, Apt		Suite, Apt. #	# etc	-··	Not Applica
22		27	1, 010.		5. Certificate of Status Desired Fee Required
City & Sta	le	City & State			
└ ── -*		28			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees
Zip	A. P. A. F. Country	Zip	Т с	Country	This corporation owes or has paid the current year Integrible
24 342	66 25 DE SOCO		30	,	Personal Property Tax due June 30.
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registered Agent
1 4 N				81 Name	to to the state of
	ie, william r Jr. North Ashley Drive				
i _				82 Street A	Address (P.O. Box Number is Not Acceptable)
	TE 2300			83	
IAM	IPA FL 33602				
				84 City	B5 Zip Code
					FL T
11. Pursuan office or	it to the provisions of sections 607.09 registered egent, or both. In the Ste	502 and 607.1508, Flori ate of Florida, Such cha	da Statutes, the a	above-named co	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the ob-	ligations of section 607	.0505, Florida St	tatules.	بمنصب ب
SIGNATURE	Mary S. 2	Ulkon			e required when reinstaling) Ougust 20/998 DATE
40		gont and title if applicable			
12.	T _ T _ T _ T _ T _ T _ T _ T _ T _ T _	AND DIRECTORS	13	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	L_ D		TITLE	Change Addit
NAME	WILSON, MARY S		1.2	NAME	
STREET ADDRESS	7076 N.E. ROAN		1.3	STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821		1.4	CITY-\$T-ZIP	
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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.

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