PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000026716

DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

05-10-1999 90296 003 ***150.00

1. Corporation									
MADEE	, INC.					1 AND 154 DE 100 1011 AND 11 BEST BAST DE 11 A)(010 0 (1) (.12 1	
ļ							<u> </u>		
		NA-Nin- Address					ANKE 11010 BINN 1886)	JOSEPHE (BB)	
Principal Place of Business Mailing Address									
7076 N.E. ROAN ST. 7076 N.E. ROAN ST. ARCADIA FL 34266 ARCADIA FL 34266						DO NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated or Qualifed	IIO OF AGE		
						03/25/1997			
Principal Place of Business Za. Mailing Address						4. FEI Number	Apı	plied For	
21 26						65-0796298	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				,		5. Certifcate of Status Desired	\$8.75 A Fee Re		
27						6. Election Campaign Financing	\$5.00	Mav Be	
23 28						Trust Fund Contribution	Added to		
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Register	ed Agent		
	UC 1471 LIAMA CO ID			81	Name				
LANE, WILLIAM R JR. 400 NORTH ASHLEY DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUITE 2300				83	 				
TAMPA FL 33602					<u> </u>	`~			
"-				84	City		-L 85 Zip C	Code	
44 0	t to the previous of Sections 607	0502 and 607 1508 Florida 9	tatutes the	ahow	e-named cor	moration submits this statement for the nurnose	e of changing its	registered	
agent. I	am familiar with, and accept the ob	ligations of, Section 607.0505	o, Fiorida St	atutes	i.	tion's board of directors. I hereby accept the ap			
	Signature, typed or printed name of registered				nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DS IN 12	
12.		AND DIRECTORS	<u> </u>			ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	D AND COM MARK C			1.1 TITLE 1.2 NAME					
NAME	WILSON, MARY S				T 4000000				
STREET ADDRES				1.3 STREET ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP		☐ Change	Addition	
TITLE				2.1 TITLE 2.2 NAME					
NAME					Tionorce				
STREET ADDRES	is				T ADDRESS				
CITY-ST-ZIP		DELET		4 CITY-5	51-ZIP		Change	Addition	
TITLE		02121		NAME					
NAME					T ADDRESS				
STREET ADDRES	9			CITY-S					
CITY-ST-ZIP	 	☐ DELET		TITLE	J1-21F		Change	Addition	
TITLE		_ 5000		2 NAME	Ì				
NAME STREET ADDRESS	200		4		T ADDRESS				
STREET ADDRES	NO			CITY-S	ļ				
CITY-ST-ZIP	 	☐ DELET		TITLE	.,		☐ Change	Addition	
NAME				NAME					
STREET ADDRES					TADDRESS				
1				CITY-S					
CITY-ST-ZIP		☐ DELET		TITLE			☐ Change	☐ Addition	
NAME				NAME	ĺ				
STREET ADDRES	e				T ADDRESS				
SIREE ADDRES	201								

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 outh; 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, with all other like empowered.

SIGNATURE: