

**PROFIT  
CORPORATION  
ANNUAL REPORT**  
2000

**FLORIDA DEPARTMENT OF STATE**  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000034949**

1. Corporation Name

MADI INDUSTRIES, INC.

Principal Place of Business

9170 N.W. 53RD STREET  
CORAL SPRINGS FL 33067

Mailing Address

9170 N.W. 53RD STREET  
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

65-0749275

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required5. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ROSS, MARK G JR.  
9170 N.W. 53RD STREET  
CORAL SPRINGS FL 33067

81 Name

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

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

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

## OFFICERS AND DIRECTORS

| 12. TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP            | <input type="checkbox"/> DELETE |
|-----------|------------------|-----------------------|------------------------|---------------------------------|
|           | ROSS, MARK G JR. | 9170 N.W. 53RD STREET | CORAL SPRINGS FL 33067 | <input type="checkbox"/> DELETE |
|           |                  |                       |                        | <input type="checkbox"/> DELETE |
|           |                  |                       |                        | <input type="checkbox"/> DELETE |
|           |                  |                       |                        | <input type="checkbox"/> DELETE |
|           |                  |                       |                        | <input type="checkbox"/> DELETE |
|           |                  |                       |                        | <input type="checkbox"/> DELETE |
|           |                  |                       |                        | <input type="checkbox"/> DELETE |

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 13. TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|-----------|------|----------------|-------------|--------------------------------------------------------------|
|           |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|           |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|           |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|           |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|           |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|           |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
|           |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Add |

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-05/19/00-01111-0000

\*\*\*\*150.00 \*\*\*\*150.00

LS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

4/27/00

TOTAL P.01