

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).

FILED
 Aug 14 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000081268 (9)
 1. Corporation Name
 A. MADISON FRIDIE PROPERTIES, INC.



Principal Place of Business: 1219 WEST 28TH STREET JACKSONVILLE FL 32209
 Mailing Address: 1219 WEST 28TH STREET JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1997

4. FEI Number: 59-3485093 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 Sulte, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2000-1 Hendricks AV

27 Sulte, Apt. #, etc.

27 Suite 170

28 City & State

28 Jacksonville, FL

29 Zip Country

29 32207 30 USA

9. Name and Address of Current Registered Agent

FRIDIE, DEBORA E ESQUIRE
 140 EAST BAY STREET
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Fridie, Debora E. Esquire
 82 Street Address (P.O. Box Number is Not Acceptable): 112 W. Adams St, # 819
 83
 84 City: Jacksonville FL 85 Zip Code: 32202

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: *Deborah E. Fridie* Debora E. Fridie, Registered Agent 8/5/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD DELETE
 NAME: FRIDIE, ALVIN B SR
 STREET ADDRESS: 2000-1 HENERICKS AVENUE, #170
 CITY-ST-ZIP: JACKSONVILLE FL 32207

TITLE: VTSD DELETE
 NAME: FRIDIE, ANNETTE M
 STREET ADDRESS: 2000-1 HENDRICKS AVENUE, #170
 CITY-ST-ZIP: JACKSONVILLE FL 32207

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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: Fridie, Alvin B, Sr.
 1.3 STREET ADDRESS: 2000-1 Hendricks Avenue, #170
 1.4 CITY-ST-ZIP: Jacksonville, FL 32207

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: 100002618581
 6.3 STREET ADDRESS: -08/18/98--01028--040
 6.4 CITY-ST-ZIP: ***158.75
 PR 8.14

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, on an attachment with an address.

SIGNATURE: *[Signature]* 8/5/98 369-1178 (904)-

CR2E034 (5/98)

(2)

Annette M. Fridie, Vice President
A. Madison Fridie Properties, Inc.
2000-1 Hendricks AV, #170
Jacksonville, Florida 32207
August 5, 1998

State of Florida
Division of Corporations
Annual Reports Filings
P.O. Box 6372
Tallahassee, Florida 32314

Dear Sir/Madam:

Enclosed please find a check in the amount of \$158.75 as the filing fee for the corporation A. Madison Fridie Properties, Inc. (\$61.25 for the annual report, \$88.75 for the corporation supplemental fee, and \$8.75 for the certificate of compliance).

I request that the \$400.00 late fee be waived for the following reasons:

1. I do not recall receiving notice of the First Notice requiring payment of the corporation annual report filing fee.
2. In 1997 the corporation A. Madison Fridie Properties, Inc., did no business and earned no income. As of the date of this letter, the corporation has done no business and has earned no income.

Thank you for your consideration of my request.

Sincerely,



Annette M. Fridie
As Vice President of A. Madison Properties, Inc.

AMF/def