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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000092250**

1. Corporation Name

MADELO CODDODATION

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90134 049 \*\*\*150.00

WARLU	CONFORMION						
Principal Place	of Rusiness	Mailing Address				<b>: 0</b> ()	E M1165 MM11 1 MM1
•		6507 107TH TERRACE NORT	TH.				
6507 107TH TERRACE NORTH 6507 107TH TERRACE NORT PINELLAS PARK FL 33782 PINELLAS PARK FL 33782							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 10/27/1997	•	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-3475237	N <sub>1</sub>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			<u> </u>		equired_
City & State	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible Yes	MNo
24	25		30		Personal Property Tax.  10. Name and Address of New Registered		ZINO
_	9. Name and Address of Curren	nt Registered Agent	81	Name	10, Name and Address of New Registered	Agent	
WES	T, WALLACE M		0	INAILIE			
	107TH TERRACE NORTH		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	LLAS PARK FL 33782		83				
1 1142	LENO I AIN I E 00/02		03	\ 	,		Y
			84	City	EL	85 Zip	Code
					<u></u>	-	
11 Pursuant	to the provisions of Sections 607,050	2 and 607,1508, Florida Statutes	s, the above	e-named c	orporation submits this statement for the purpose of	changing its	i egistered
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	thorized by da Statutes	tne corpor i.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment as re	egistered
- 45	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agei	of Florida, Such change was autitions of, Section 607.0505, Floridation of the if applicable. (NOTE: F	thorized by da Statutes Registered Ager	tne corpor i.	ation's board of directors. Thereby accept the appo	nument as n	zgistered
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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, with all other like empowered.

SIGNATURE:

waliace€m: Cwest NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR