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 .



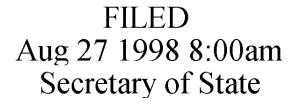
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000102457 (3)



MADISC	on investi	MENT ADVISOR	S, INC.					
Principal Place of Business Mailing Address							- 1.00(1801 10 1011 180(1 0011 1 0011 0011	40110 11011 01001 ETILL 1001 1601
151 DUNCAN	151 DUNCAN TR	•						
LONGWOOD FL 32779 LONGWOOD FL 32779								
							DO NOT WRITE IN THIS	SPACE
							3. Date Incorporated or Qualified	
Principal Place of Business 2a. Mailing Address							12/03/1997	
· ·	riace of Busine	iss	2a. Mailing Address	<u>}</u>			4. FEI Number 59-3479944	Applied For
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.					Not Applicable \$8.75 Additional
22	, 5.0.		27				5. Certificate of Status Desired	Fee Required
City & Sta	le		City & State				6. Election Campaign Financing	\$5.00 May Be
23			28				Trust Fund Contribution	Added to Fees
Zip	Country		Zip	Zip Cou			8. This corporation owes or has paid the cu	rent year Intangible
24			[29]	30	.—		Personal Property Tax due June 30.	Yes No
			ent Registered Agent		81	Namo	10. Name and Address of New Registered	Agent
ROMANO, JOHN					01	Name		
	DUNÇAN TR				82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
LONGWOOD FL 32779					83			
					03			
					84	City	FL	85 Zip Code
11. Pursuan	t to the provisio	ons of sections 607 05	02 and 607 1508. Florida St	atutes the ah	OVA-	named cornora		anning its registered
office or	regist ere d age	nt, or both, in the Stat	te of Florida. Such change vigations of, section 607.0505	vas authorize	d by	the corporation	tion submits this statement for the purpose of cl n's board of directors. I hereby accept the appo	ntment as registered
•		n, and accept the obig	igations of, section 607.0503	o, Fiolida Sta	utes	5 .		
SIGNATURE		printed name of registered ap	gent and little if applicable.	(NOTE: Registe	red A	gent signature require	ed when reinstaling) DATE	
12.		OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTD		DELETI	E 1.1 TI	rLE			Change Addition
NAME	REEYADDRESS 151 DUNCAN TR			1.2 N/	1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS				1.3 ST				
CITY-ST-ZIP	LUNGWUU	D FL 32779	···	1,4 CI		-21P		
TITLE			L DELETI					Change Addition
NAME				2.2 N/				
STREET ADDRESS			2381			ADDRESS		
CITY-ST-ZIP TITLE	∤		DELETI			·ZIP		Town Target
NAME			[_] NETE II	1				Change Addition
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				3.4 CI		!		
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETI	·				Change Addition
NAME	1			4.2 N/	ME			
STREET ADDRESS	1			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP		
TITLE			DELETE	5.1 7)	LE			Change Addition
NAME				5.2 NA	ME			-
STREET ADDRESS				5.3 ST	REET	ADDRESS		
CITY-ST-ZIP				5.4 CI	Y-ST	-ZIP		
TITLE			DELETE	6.1 TH	LE			Change Addition
NAME				6.2 NA	ME			
STREET ADDRESS	I					innessa		
				6.3 ST	REET	ADDRESS		

I. 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.

IONATURE.

8-17-98

407-741-80 R7