

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000097357

1. Corporation Name

MAD DOG INCORPORATED AND ASSOCIATES

Principal Place of Business

11420 FORTUNE CIRCLE
SUITE 137
WELLINGTON FL 33414

Mailing Address

11420 FORTUNE CIRCLE
SUITE 137
WELLINGTON FL 33414

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

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Suite, Apt. #, etc

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

MCCLURE, ELAINE M
13953 EXOTICA LANE
WELLINGTON FL 33414

81 Name

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

83

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 his, if applicable

(NOTE: Registered Agent signature required when changing status)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

STD
MCCLURE, ELAINE M
13953 EXOTICA LANE
WELLINGTON FL 33414

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P
CARNAHAN, BRETT D
13860 WELLINGTON TRACE #12, SUITE 291
WELLINGTON FL 33414

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2VP
PURNESS, MARK
13860 WELLINGTON TRACE #12, SUITE 257
WELLINGTON FL 33414

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1VP
HUBERTI, MARK
1041-C GOLDENROD DRIVE
WELLINGTON FL 33414

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

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33 STREET ADDRESS

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41 TITLE

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44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

Elaine M. McClure
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

561-795-1751

Date

Daytime Phone #

CR2E034 (11/98)

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