## 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

Pri	incipal Place of Business	Mailing Address	
SU	120 FORTWINE CIRCLE ITE 1-37 ILLINGTON FL 33414	11420 FORTUNE CIRCLE SUITE 1-37 WELLINGTON FL 33414	
2.	Principal Place of Business	2a. Mailing Address	
21		26	
	Suite, Apt. #, etc	Suite, Apl. #, etc	
22		27	
	City & State	City & State	
23		28	
	Zip Country	Zip	Country
24	[25]	[30]	
	9. Name and Address of	Current Registered Agent	1
			81 Name

MCCLURE, ELAINE M 13953 EXOTICA LANE **WELLINGTON FL 33414** 

	1	ŗ.	1 11 40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
--	---	----	--	--

99 FEB 18 PH 3: 11

DO NOT WRITE IN THIS SPACE

	3. Date Incorporated or Qualifed 11/19/1998	
	4. FEI Number	Applied For Not Applicable
	65-0870682	
	5. Certificate of Status Desired [ ]	\$8.75 Additional Fee Required
	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	This corporation owes the current year In Personal Property Tax	ntangible []]Yes [][No
	10. Name and Address of New Registered	J Agent
Name		
Street Add	dress (P.O. Box Number is Not Acceptable)	

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

82

83 84 City

-			
SIGNATURE	Signature, typed or control name of registered agent and the it applicable (NOTE Re	ristenal Agent signature n	٠.
12.	OFFICERS AND DIRECTORS	13.	
TITLE	STD L) DELFTE	1 ) TITLE	
NAME	MCCLURE, ELAINE M	12 NAME	j
STREET ADORESS	13953 EXOTICA LANE	13 STREET AUDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	14 CiTY+\$1-2iP	
TITLE	P [.] DELETE	21 TIFLE	
NAME	Carnahan, Brett D	2.2 NAME	ĺ
STREET ADDRESS	13860 WELLINGTON TRACE #12, SUITE 291	23 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	2 4 C(1Y+\$1+Z(P)	
TITLE	2VP [] DELETE	31 TITLE	
NAME	PURNESS, MARK	3.2 NAME	
STREET ADDRESS	13860 WELLINGTON TRACE #12, SUITE 257	33 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	34 City-\$1-Zir	
TITLE	1VP [] DELETE	4.1 TiTLE	
NAME	HUBERTI, MARK	4 2 NAME	
STREET ADDRESS	1041-C GOLDENROD DRIVE	43 STREET ADORESS	
CITY-ST-ZIP	WELLINGTON FL 33414	4.4 City-\$*-ZiP	
TITLE	[] DELETE	51 THE	
NAME		5.2 NAME	
STREET ADDRESS		53STREETADORESS	
CITY-ST-ZP		5.4 CiTy-\$T-2iP	
TITLE	El delete	61TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADORESS	,
		64 CITY, \$1, 70	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 []Change []Addition

DATE

[] Addation [ | Change 0000002784030----S -02/23/99--01030--021 \*\*\*\*150.00 \*\*\*\*150.00 [ | Change [] Add ton

> [ ] Change [ | Addition

85 Zip Code

[ ] Change [ ] Addition

[ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that he information indicated on this annual report or supplemental annual report is true and accurate and that my signalure shall have the same legal effect as it made under path, 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:

2/10/99

561-795-1781