


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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S36816 (4) 1. Corporation Name RICK MADISON ENTERPRISES, INC.			
Principal Place of Business 114 SE SEBRING CIRCLE PORT ST. LUCIE FL 34953 US		Mailing Address 114 SE SEBRING CIRCLE PORT ST LUCIE FL 34953-5978 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MADISON, RICHARD F. 114 SE SEBRING CIRCLE PORT ST LUCIE FL 34953		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST- ZIP DPT MADISON, RICHARD F. 114 SE SEBRING CIR PORT ST LUCIE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. TITLE NAME STREET ADDRESS CITY-ST- ZIP DVS MADISON, JANET E. 114 SE SEBRING CIRCLE PORT ST LUCIE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. TITLE NAME STREET ADDRESS CITY-ST- ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE NAME STREET ADDRESS CITY-ST- ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE NAME STREET ADDRESS CITY-ST- ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE NAME STREET ADDRESS CITY-ST- ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do 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.			
SIGNATURE: <u>Richard Madison</u> Richard Madison 4-15-97 5613862746 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)