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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54855

(4)

J. MADISON INVESTMENT FUND, INC.

FILED Feb 06 1997 8:00am Secretary of State



Principal Place of Business 700 W. HILLSBORO BLVD. BLDG. 1. STE. 204 DEERFIELD BEACH FL 33441 US 2. Principal Place of Business 21 Suite, Apt. #, etc.		700 W. I BLDG. 1 DEERFIE US	2e. Mailing Address				3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1996 4. FEI Number Applied For Not Applicable 5-0363551 \$8.75 Additional				
22	п, 616.	 	27				5. Certificate of Status Desi	red 🔲		edniteq	
City & State	e		City & State				6. Election Campaign Finan	icing	\$5.00 May Be		
23		28		1 6.			Trust Fund Contribution			to Fees	
Zip	Country	Zφ			untry		8. This corporation has liab		e tax under s No	199.032,	
24	25 Name and Address of Cu	rrent Registered	Agent	30	_		Florida Statutes 10. Name and Address of I				
		Total Hogistered	- Agoin		61	Name	IV. Hame and receives of t	ton Hopistoles	April		
	NSCHEL, JEFFREY M				L						
) W HILLSBORO BLVD. DG. 1, SUITE 204		82 Street Ad			Street Ad	idress (P.O. Box Number is Not A	cceptable)			
	ERFIELD BEACH FL 33441				83						
DE .	EN ILOS BEJON LE CONT				-	C3.			Top I 7	0-4-	
					84	City		FL	85 Zip	Code	
SIGNATURE 12.	Signature, typed or printed name of registere: OFFICERS	d agent and this it applic AND DIRECTORS		13.		ent signature rec	guired when reinstating) ADDITIONS/CHANGES TO	DATE O OFFICERS AN	D DIRECTOR	RS IN 12	
TETLE	Į "		☐ DECE IE	1.1 7		1			L. Change	LJ Addition	
NAME STREET ADDRESS	HENSCHEL, BARBARA 700 W HILLSBORO BLVD.,	RING 1 SUIT	F 204		IAME	ADORESS					
CITY - ST - ZIP	DEERFIELD BEACH FL	, DEDG. 1, OOH	C EUY			T-ZIP					
TITLE	S	14 4.1	DELETE	2.1 T	*******	11-EII			Change	Addition	
NAME	HENSCHEL, JEFFREY			2.2 N							
STREET ADDRESS	700 W HILLSBORO BLVD.,	BLDG. 1, SUIT	E 204	2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	DEERFIELD BEACH FL			2.41	CITY-	ST-ZIP					
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NAME				3.2 N	AME	l					
STREET ADDRESS				3.3 S	TREET	ADDRESS					
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THLE			L_J DELETE	4.1 T					Change	Addition	
NAME					NAME						
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NAME			hand whitele		IAME	-			- Villings	Proof Physician	
STREET ADDRESS						ADDRESS	* .				
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CITY - ST - ZIP TITLE			DELETE		ITLE	31- Z4F			Change	☐ Addition	
NAME			hand - trick to		IAME	1					
STREET ADDRESS						ADDRESS					
CITY-S1-ZIP						ST-ZIP					
COLUMN TO SERVE	•			E 0.1 L							

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 trusted 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

Jeffrey M. Henschel

May servey

954-420-0060