

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **838617** (9)

1. Corporation Name

ROBERT P. MADISON INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

2930 EUCLID AVENUE
CLEVELAND OH 44115

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CLEVELAND OH 44115

3. Date Incorporated or Qualified **06/17/1977** 3a. Date of Last Report **01/23/1995**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

4. FEI Number **34-1057129** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOOD, JOHN
6501 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDCE	<input type="checkbox"/> DELETE
NAME	MADISON, ROBERT P	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LIM, KHAI H	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HENDERSON, CHESTER	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, VERNADA	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACKSON, DORRIS	
STREET ADDRESS	2930 EUCLID AVENUE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADISON, JULIETTE B.	
STREET ADDRESS	4040 NINETEENTH ST. N.E.	
CITY-ST-ZIP	WASHINGTON DC	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(216) 861-8195

Date

Daytime Phone #

CR2E034 (12/95)