

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

**FILED**

**Apr 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838617 (9)**  
 1. Corporation Name  
**ROBERT P. MADISON INTERNATIONAL, INC.**



Principal Place of Business <b>2830 EUCLID AVENUE CLEVELAND OH 44115</b>	Mailing Address <b>2830 EUCLID AVENUE CLEVELAND OH 44115-2416</b>
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3. Date Incorporated or Qualified <b>06/17/1977</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>34-1057129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent <b>FLOOD, JOHN 6501 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (Type, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CDCE</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADISON, ROBERT P</b>	1.2 NAME	
STREET ADDRESS	<b>2930 EUCLID AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIM, KHAI H</b>	2.2 NAME	
STREET ADDRESS	<b>2930 EUCLID AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERSON, CHESTER</b>	3.2 NAME	
STREET ADDRESS	<b>2930 EUCLID AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, VERNADA</b>	4.2 NAME	
STREET ADDRESS	<b>2930 EUCLID AVENUE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, DORRIS</b>	5.2 NAME	
STREET ADDRESS	<b>2930 EUCLID AVENUE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEVELAND OH</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADISON, JULIETTE B.</b>	6.2 NAME	
STREET ADDRESS	<b>4040 NINETEENTH ST. N.E.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WASHINGTON DC</b>	6.4 CITY - ST - ZIP	

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, changed, or on an attachment with an address.

SIGNATURE  **Robert P. Madison** April 2, 1997 (216) 861-8195  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0476327

CR2E034 (9/96)