

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN -9 AM 9:23

DOCUMENT # F74628 (1)

1. Corporation Name
MADIC, INC.

Principal Place of Business 13334 GRAND ISLAND SHORES RD. PO BOX 100 GRAND ISLAND FL 32735	Mailing Address 13334 GRAND ISLAND SHORES RD. PO BOX 100 GRAND ISLAND FL 32735
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/01/1982	3a. Date of Last Report 03/21/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-2345543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WHALEN, LAURIE E.
13334 GRAND ISLAND SHORES RD
GRAND ISLAND FL 32735**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____

12. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	WHALEN, RICHARD P
STREET ADDRESS	P.O. BOX 100 N/A
CITY - ST - ZIP	GRAND ISLAND FL 32735
TITLE	PS
NAME	VEST, LAURIE WHALEN
STREET ADDRESS	P O BOX 100 NA
CITY - ST - ZIP	GRAND ISLAND FL
TITLE	D
NAME	LIEBL, MAUREEN WHALEN
STREET ADDRESS	P.O. BOX 100 N/A
CITY - ST - ZIP	GRAND ISLAND FL
TITLE	D
NAME	PEREZ, LINDA W
STREET ADDRESS	P.O. BOX 100 N/A
CITY - ST - ZIP	GRAND ISLAND FL 32735
TITLE	D
NAME	WHALEN, RICHARD A.
STREET ADDRESS	P.O. BOX 100 N/A
CITY - ST - ZIP	GRAND ISLAND FL 32735
TITLE	D
NAME	WHALEN, MADELINE M.
STREET ADDRESS	P.O. BOX 100 N/A
CITY - ST - ZIP	GRAND ISLAND FL 32735

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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, as an attachment with an address.

SIGNATURE: Richard A. Whalen Dir. 6-6-95 904-589-4174
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
RICHARD A. WHALEN

CR2E034 (3/95)