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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F74628** (1)
1. Corporation Name
MADIC, INC.



Principal Place of Business 13334 GRAND ISLAND SHORES RD. PO BOX 350100 GRAND ISLAND FL 32735 US	Mailing Address 13334 GRAND ISLAND SHORES RD. PO BOX 350100 GRAND ISLAND FL 32735-0100 US
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3. Date Incorporated or Qualified 04/01/1982	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2345543	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 13334 Grand Island Shores Rd Suite, Apt. #, etc.	2a. Mailing Address 26 1334 Grand Island Shores Rd. Suite, Apt. #, etc.
22 P.O. Box 350757 City & State	27 P.O. Box 350757 City & State
23 Grand Island, FL Zip Country	28 Grand Island FL Zip Country
24 32735 25 USA	29 32735 30 USA

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

name change only (same person)

10. Name and Address of New Registered Agent

81 Name **VEST, LAURIE WHALEN**
82 Street Address (P.O. Box Number is Not Acceptable)
13334 Grand Island Shores Rd.
83
84 City **Grand Island** 85 Zip Code **FL 32735**

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: *Laurie Whalen Vest*
Signature and typed or printed name of registered agent and title if applicable

DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	WHALEN, RICHARD P	
STREET ADDRESS	P.O. BOX 100 N/A	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	VEST, LAURIE WHALEN	
STREET ADDRESS	P O BOX 100 NA	
CITY-ST-ZIP	GRAND ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIEBL, MAUREEN WHALEN	
STREET ADDRESS	P.O. BOX 100 N/A	
CITY-ST-ZIP	GRAND ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, LINDA W	
STREET ADDRESS	P.O. BOX 100 N/A	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHALEN, MADELINE M.	
STREET ADDRESS	P.O. BOX 100 N/A	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHALEN, RICHARD P	
1.3 STREET ADDRESS	P.O. BOX 100 N/A	
1.4 CITY-ST-ZIP	GRAND ISLAND FL 32735	
2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vest, Laurie Whalen	
2.3 STREET ADDRESS	P.O. Box 350757 NA	
2.4 CITY-ST-ZIP	Grand Island FL 32735	
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 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: *Laurie Whalen Vest* **Laurie Whalen Vest** 4/9/97 (407) 894-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E034 (9/96)