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# May 06, 1999 8:00 am
# Secretary of State
05-06-1999 90195 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000096382**

1. Corporation Name
MDYK, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3619 NE 207 STREET<br>#2314<br>AVENTURA FL 33180 | 3619 NE 207 STREET<br>#2314<br>AVENTURA FL 33180 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/26/1996

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 21376 MARINA COVE | 26 21376 MARINA COVE |
| Suite, Apt. #, etc. 22 C-18 | Suite, Apt. #, etc. 27 C-18 |
| City & State 23 AVENTURA FL | City & State 28 AVENTURA FL |
| Zip 33180 Country 25 | Zip 33180 Country 30 |

4. FEI Number: 65-6719150 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

KADOVCH, LAUREN
3619 NE 207 STREET
#2314
AVENTURA FL 33180

**10. Name and Address of New Registered Agent**

81 Name: KADOVCH, LAUREN
82 Street Address (P.O. Box Number is Not Acceptable): 21376 MARINA COVE
83: C-18
84 City: AVENTURA FL 85 Zip Code: 33180

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 _____ 04/29/99
Signature, 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 | P ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KADOVCH, LAURENT | 1.2 NAME | KADOVCH, LAUREN |
| STREET ADDRESS | 3619 NE 207 ST., #2314 | 1.3 STREET ADDRESS | 21376 MARINA COVE, C-18 |
| CITY-ST-ZIP | AVENTURA FL 33180 | 1.4 CITY-ST-ZIP | AVENTURA, FL 33180 |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (11/98)

14. I 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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 04/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #