

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L52856

(6)

1. Corporation Name
MEDIAIDERS, INC.



Principal Place of Business

20161 NE 16 PL
N MIAMI BCH FL 33179

Mailing Address

3300 CORPORATE AVE
112
FT LAUDERDALE FL 33331
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

TRAGER, ROSS
1000 N HIATUS RD
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified

02/22/1990

3a. Date of Last Report

03/10/1995

4. FEI Number

65-0179644

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

10. Name and Address of New Registered Agent

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 of Registered Agent (if different from the last time listed)

Signature of Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME: D BARON, GARY
STREET ADDRESS: 3300 CORPORATE AVE., STE. 112
CITY-STATE-ZIP: FT LAUDERDALE FL

☐ DELETE

2. TITLE
NAME: D ALLEGRI, TAYLOR
STREET ADDRESS: 3300 CORPORATE AVE., STE 112
CITY-STATE-ZIP: FT LAUDERDALE FL

☐ DELETE

3. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

4. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

5. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

6. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Addition

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

Date of Filing

CR2E034 (12/95)