

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33331-3504
US**



2. Principal Place of Business

21 **3300 Corporate Ave**

Suite, Apt. #, etc.

22 **Suite 112**

City & State

23 **FT. LAUDERDALE**

Zip

24 **FL**

Country

25 **United**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified
02/22/1990

3a. Date of Last Report
02/13/1996

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

9. Name and Address of Current Registered Agent

**TRAGER, ROSS
1000 N HIATUS RD
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81 Name
LAWRENCE A. FRANCE ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
1001 NO. MIAMI BEACH BLVD.

83

84 City
NO. MIAMI BEACH

FL

85 Zip Code
33162

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

Lawrence A. France

LAWRENCE A. FRANCE

4/4/97

(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 **D/P** ☐ DELETE
NAME **BARON, GARY**
STREET ADDRESS **3300 CORPORATE AVE., STE. 112**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D/P** ☐ DELETE
NAME **BILLINGTON, TAYLOR**
STREET ADDRESS **3300 CORPORATE AVE., STE 112**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

954-389-4001

Date

Daytime Phone #

CR2E034 (9/96)