FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:13

DOCUMENT # N44270 (9)

1. Corporation Name
MIDDLE EAST NETWORK, INC.
37

Principal Place of Business	Mailing Address
8211 NW 91ST AVE TAMARAC FL 33321	8211 NW 91ST AVE TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1991
3a. Date of Last Report: 01/20/1994
4. FEI Number: 05-0276506 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GROSSBERG, EDYTHE
8211 NW 91ST AVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSSBERG, EDYTHE	1.2 NAME		
STREET ADDRESS	8211 NW 91ST AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KAPLAN, BENJAMIN	2.2 NAME		
STREET ADDRESS	10980 WATER OAK MANOR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	GOLDSTEIN, OSCAR	3.2 NAME	ELI WISHNICK	
STREET ADDRESS	4980 SABAL PALM BLVD.	3.3 STREET ADDRESS	5101 S.W 6 PLACE	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	MARGATE, FL. 33068	
TITLE		4.1 TITLE	P	☐ Change ☒ Addition
NAME		4.2 NAME	AL GROSSBERG	
STREET ADDRESS		4.3 STREET ADDRESS	8211 N.W. 91 Ave.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	WILLIAM KIRSBERG	
STREET ADDRESS		5.3 STREET ADDRESS	7440 GRANVILLE DRIVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	BOB DINNES	
STREET ADDRESS		6.3 STREET ADDRESS	3004 PORTOFINO ISLE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33066	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edythe Grossberg 1-12-95 305-722-4115
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0040014