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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N44270 (9)

1. Corporation Name

MIDDLE EAST NETWORK, INC.

Principal Place of Business

8211 NW 91ST AVE
TAMARAC FL 33321

Mailing Address

8211 NW 91ST AVE
TAMARAC FL 33321-1515



3. Date Incorporated or Qualified
07/12/1991

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSSBERG, EDYTHE
8211 NW 91ST AVE
TAMARAC FL 33321

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PD
NAME GROSSBERG, EDYTHE
STREET ADDRESS 8211 NW 91ST AVE
CITY-ST-ZIP TAMARAC FL

TITLE VD
NAME KARLAN BENJAMIN
STREET ADDRESS 10980 WATER OAK MANOR
CITY-ST-ZIP BOCA RATON FL

TITLE T
NAME WISHNICK, ELI
STREET ADDRESS 5105 SW 6 PL
CITY-ST-ZIP MARGATE FL

TITLE P
NAME GROSSBERG, AL
STREET ADDRESS 8211 N2 91 AV
CITY-ST-ZIP TAMARAC FL

TITLE D
NAME KIOTZBERG, WILLIAM
STREET ADDRESS 7440 GRANVILLE DR
CITY-ST-ZIP TAMARAC FL

TITLE D
NAME DINKES, BEN
STREET ADDRESS 3004 PORT OF INO ISLE
CITY-ST-ZIP COCONOT CREEK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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 617, 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

Ely Wishnick

(954) 973-2685

Date

Daytime Phone # 0036836

CR2E037 (9/96)