

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000011874 (4)

1. Corporation Name

MEDITEK-COT, INC.



Principal Place of Business

825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131

Mailing Address

825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/15/1992

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3163891

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

MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD FL 33021

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME MENDELSON, LAURANS M
STREET ADDRESS 825 S BAYSHORE DR #643
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE DP
NAME PAUL JOSEPH
STREET ADDRESS 825 S.BAYSHORE DR 1650
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE DTV
NAME IRWIN THOMAS
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD FL 33131 ☐ DELETE

TITLE S
NAME VOTTER, SMITH
STREET ADDRESS 825 S.BAYSHORE DR #1650
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE DV
NAME MENDELSON, VICTOR
STREET ADDRESS 825 S.BAYSHORE DR #1650
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS → #1650
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME 9000001840299
2.3 STREET ADDRESS -05/28/96--01022--038
2.4 CITY-ST-ZIP ***4800.00

3.1 TITLE DTV ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP → 33021

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME → Vetter, Judith
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 D Mendelson, Eric
6.3 STREET ADDRESS 3000 Taft Street
6.4 CITY-ST-ZIP Hollywood, FL 33021

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)(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, charged, or given attachment with an address.

SIGNATURE

VICTOR H MENDELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)