2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011874

1. Entity Name

MEDITEK-ICOT, INC.

Principal Place of Business 625 W. MARTIN LUTHER KING BLVD. TAMPA FL 33603 Mailing Address

3. Mailing Address

250 S AUSTRALIAN AVENUE 9TH FLOOR

WEST PALM BEACH FL 33401-5018

US

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

Zip

SIGNATURE

(See criteria on back)

Suite, Apt. #, etc.

City & State 4. FEI Number

Country

7. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

FILED

May 16, 2000 8:00 am Secretary of State

05-16-2000 90043 042 ***150.00

00051146

59-3163891

5. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

ACRESTAL AFRICA COMPANY

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Name

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE Registered Agent signature required when reinstating)

FL 2

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VC FO Addition CCD TITLE 💢 Delete TITLE PAUL ANDREW SHAW RICHEY, LE NAME NAME 250 S. AUSTRALIAN AVE, 9th AL STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR CITY-ST-ZIP WEST PARM BEACH, FL 33401 CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition **PCEO** Change ☐ Delete TITLE TITLE PAUL, JOSEPH A NAME NAME STREET ADDRESS 250 S AUSTRALIAN AVENUE 9TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 CCD ☐ Addition ☐ Delete TITLE Change TITLE NAME HARTLEY, KEITH NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 **VPCF** Change ☐ Addition Delete TITLE MOOR, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete ☐ Change ☐ Addition TITLE TITLE HARKINS, JR FRANCIS J NAME NAME 250 S AUSTRALIAN AVENUE. 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Al Beth

PAUL ANDRON SHAW

4/20/00

561/832-1766

Daytime Pho

CHZE034 (9/99)