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

CORPORATION ANNUAL REPORT



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

1996

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DOCUI	MENT # P930	0005205	52 (6)					
,	ITEK THERAPY, INC.		` '		*			
					# # 81 88 1 8 1 			. A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Principal Place	of Business	Mailing Addres	58					
825 SOUTH BAYSHORE DRIVE 825 SOUTH BAYS		H BAYSHORE DRIVE						
SUITE 1650 SUITE 1650 MIAMI FL 33131 MIAMI FL 33131								
		MICMITE	33131		 Date Incorporated or Qualifie 07/26/1993 		of Last R	•
2. Principal Place of Business		F 1	a. Malling Address		4. FEI Number	······································	<u></u> ⊢	Applied For
Suite, Apt. #, etc.		Suite Apt	Suite, Apt. #, etc.		65-0438078			Not Applicable
		27	зоне, Арт. 4, етс.		5. Certificate of Status Desired			Additional Required
City & State			City & State		6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability t			
24	25 9. Name and Address of Curr	29	30			es XNo		
	5. Name and Address of Curr	em negistered Agen		81 Name	10. Name and Address of Nev	Registered	Agent	
MEND	FIRM WATER HERE							
MENDELSON, VICTOR H ESQ. 3000 TAFT STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
	YWOOD FL 33021		-	83				

				84 City		FL	85 Ziç	o Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Flori	da Statutes, the above	i	reporation submits this statement for the	ournose of cha	naina its r	egistered office
familiar wit	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	rida. Such change wa ction 607,0505, Florida	s authorized by the c a Statutes.	orporation's t	rporation submits this statement for the popular of directors, I hereby accept the a	ppointment as	registered	agent. I am
SIGNATURE _								į
				Agent signature re	q ired what renstaling)	DATE		
12. TITLE	OFFICE RS AND DIRECTORS DV		13.		ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTO	PRS IN 12
NAME .	MENDELSON, VICTOR H.			J	5000018	3402 ⁵	1. Change	☐ Addition
STREET ADDRESS	825 S.BAYSHORE DR 16		1 2 NA	. [-05/28/960	102203	38	
CITY-ST-ZIP	MIAMI FL 33131	JU		REFT ADDRESS	***4800.00			
TITLE	DC			Y-ST-ZIP			7 Change	I Addition
NAME	MENDELSON, LAURANS		22 NA			L] Change	☐ Addition
STREET ADDRESS				RELADDRESS				
CHTY-ST-ZIP	MIAMI FL 33131			Y - ST - ZIP				
TITLE	DP	DE				Б	Change	Addition
NAME	PAUL, JOSEPH A		3 2 NAJ	ME	,t.	¥		
STREFT ADDRESS	825 S BAYSHORE DR SU	NTE 1643	33 ST	REET ADDRESS	-×1650			
CITY-ST-ZIP	MIAMI FL 33131		34 CIT	Y-ST-ZIP				
TITLE	DVT	DE	LETE 4 1 TIT	LE	DTV	ū	Change	Addition
NAME	IRWIN, THOMAS S		4.2 NAI	ME				-
STREET ADDRESS	3000 TAFT ST		4 3 STF	REET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL	For see		Y-ST-7IP	→33021			
TITLE	S VETTED KIDITU	□ DE		1		×	Q Change	Addition
NAME STREET ADDRESS	VETTER, JUDITH	TE 1010	5 2 NAI		→#1650			
STREET ADDRESS	825 S BAYSHORE DR., S Miami fl	IE 1043			•			_
CITY-ST-ZIP TITLE	MISMI FL	DE		Y·ST·ZIP	2 33131		7.05.	9
NAME		רַן טנ	6.2 NAI	40	mandelson Stie	L.] Change	Addition V
STREET ADDRESS				MEET ADDRESS	mendelson, Eric 3000 Taft Street Hollywood, 71 3	+		£73
CITY-ST-ZIP			E .	EET AUURESS	Nollings 1 12 2	17021		50
14 Ldo beretu	roadify that the information are alice	tradition districts	<u>6.4 CII</u>	Y - \$1 - ZIP	HOLLYWOOD, The	2021		

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 conversation 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 Bit 13 if changed, or on an attachment with an address.

SIGNATURE: VICTOR H MENDELSON SIGNATURE AND TYPED OR HINTED NAME OF SIGNING OFFICER OR DIRECTOR

(30=)374-/745