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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

P93000072060 (5)

 Corporation Name MEDITEK-PALMS, INC. Principal Place of Business Mailing Address **825 SOUTH BAYSHORE DRIVE** 825 SOUTH BAYSHORE DRIVE **SUITE 1650 SUITE 1650** MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1993 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3258435 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 This corporation has liability for intangible tax under s 199.032, Country Country $Z_{\mathbb{P}}$ Zip Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MENDELSON, VICTOR H ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 3000 TAFT STREET 83 HOLLYWOOD FL 33021 84 85 Zip Code 1. 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1. 1 TITLE TITLE MENDELSON, LAURANS 1.2 NAME NAME 825 S BAYSHORE DR SUITE 1643 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 1.4 C(TY - ST - Z(F CITY-ST-ZIP Addition DELETE 2 1 TITLE TITLE JOSEPH, PAUL A 2.2 NAME NAME >#1650 825 S BAYSHORE DR SUITE 1643 2 3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP DITY-ST-ZIP Change Addition TITLE DTV DELETE 3 17ITLE IRWIN. THOMAS S 3.2 NAME NAME 3000 TAFT STREET 3.3. STREET ADDRESS STREET ADDRESS <u>100001840301</u> HOLLYWOOD FL 33021 3 4 CITY-ST-7IP CITY-ST-ZIP -05/28/96--01022--008^{Change} Addition DELETE 4 1 TITLE ΠV TITLE ***4800.00 MENDELSON, VICTOR 4.2 NAME NAME 825 S. BAYSHORE DR #1650 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 4.4 CITY - ST - ZIP CITY-ST-ZIP Change X Addition DELETE 5. 1 TITLE TITLE Judith 5.2 NAME Vetter, Judith Dr. # 1650 NAME 5.3 STREET ADDRESS STREET ADDRESS 33131 Miami, 72 5 4 CITY - ST - 71F CITY-ST-ZIP Change DELETE 6 1 TITLE TITLE 6.2 NAME mendelsow, NAME 63 STREET ADDRESS 3000 Taft STREET ADDRESS

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

VICTOR H MENDELSON SIGNATURE AND

CR2E034 (12/95)