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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000072060 (5)

1. Corporation Name
MEDITEK-PALMS, INC. + 49



Principal Place of Business
**1611 PASADENA AVENUE SOUTH
 ST. PETERSBURG FL 33707**

Mailing Address
**777 S. FLAGLER DRIVE
 SUITE 1201E
 WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1611 PASADENA AVE SOUTH	26 250 S. AUSTRALIAN AVE	59-3258435	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 9TH FLOOR	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 ST. PETERSBURG, FL	28 WEST PALM BEACH, FL		
Zip	Zip		
24 33707	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

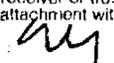
12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MENDELSON, LAURANS	
STREET ADDRESS	825 S BAYSHORE DR SUITE 1850	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	CFOP	<input type="checkbox"/> DELETE
NAME	PAUL, JOSEPH A	
STREET ADDRESS	777 S. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, PAUL ANDREW	
STREET ADDRESS	777 S. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CFD	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, PAUL ANDREW	
STREET ADDRESS	777 S. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CO-CHAIR/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LE RICHARD	
1.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE	PRES/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH A. PAUL	
2.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
3.1 TITLE	CO-CHAIR/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEITH HARTLEY	
3.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPRES + CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WAYNE MOOR	
5.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FL	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
6.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRANKIS J. HARKINS, JR.	
6.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

14. 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 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 if changed, or on an attachment with an address

SIGNATURE:  **WAYNE MOOR** Date: **4/10/98** Daytime Phone: **561-832-1766**

CR2E034 (10/97)