FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

'95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007189 (1)**

1. Corporation Name
WIRELESS MICROPHONES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4451 NE 17TH TERRACE FORT LAUDERDALE FL 33334	4451 NE 17TH TERRACE FORT LAUDERDALE FL 33334

3. Date Incorporated or Qualified: 01/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3415 NE 12 Terr
Suite, Apt. #, etc. 22
City & State 23 Ft. Laud FL
Zip 24 33334 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65 0473184 — 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHERMAN, CINDY L
4451 NE 17TH TERRACE
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name: Cindy L. Sherman
82 Street Address (P.O. Box Number is Not Acceptable): 4451 NE 17 Terr
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33334

11. Pursuant to the provisions of Section 607.193 or 617.1908, Florida Statutes, the undersigned 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 607.325, Florida Statutes.

Signature of New Registered Agent (if changing) — Date

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
PD SHERMAN, CINDY L 4451 NE 17TH TERRACE FORT LAUDERDALE FL 33334	☐ Change ☐ Addition
STD LARSON, DONALD 2330 NE 9TH STREET FORT LAUDERDALE FL 33304	☐ Change ☐ Addition STD LARSON, Donald 2330 NE 9 St Ft Lauderdale FL 33304 (delete)
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, pursuant to Chapter 607 or Chapter 617, Florida Statutes, is true and accurate and that, if applicable, the electronic signature of the registered agent is also my signature. I further certify that I am a director or officer of the corporation or the incorporator authorized to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address.

SIGNATURE: Cindy L. Sherman PD — 5-15-95 — 305-527-1743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0237037 CP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007423 (4)

1. Corporation Name

MEDICS MANAGEMENT SERVICES, INC.

Principal Place of Business: 1776 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304

Mailing Address: 1776 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1994

3a. Date of Last Report:

2. Principal Place of Business: 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address: 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

4. FEI Number: 65-0493928 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

JOHNSON, GARRY W
110 S.E. 6TH STREET
110 TOWER - 28TH FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: COHEN, MITCHELL
82 Street Address (P.O. Box Number is Not Acceptable): 1776 EAST SUNRISE BLVD
83 FT. LAUDERDALE, FL 33304
84 City: FT LAUDERDALE FL 85 Zip Code: 33304

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] MITCHELL COHEN 5/16/95

12. OFFICERS AND DIRECTORS (blank)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
Title	PD	[ ]	[X]
Name	COHEN, MALCOLM		
Street Address	1776 EAST SUNRISE BLVD		
City-St-Zip	FT LAUDERDALE, FL 33304		
Title	S	[ ]	[X]
Name	COHEN, MITCHELL		
Street Address	1776 EAST SUNRISE BLVD		
City-St-Zip	FT LAUDERDALE, FL 33304		
Title	V	[ ]	[X]
Name	COHEN, ANDREW		
Street Address	1776 EAST SUNRISE BLVD		
City-St-Zip	FT LAUDERDALE, FL 33304		

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)(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: [signature] MITCHELL COHEN, 5/16/95 (305) 763-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0211084 CP