

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 16 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041328 (3)

1. Corporation Name

MEDITEK CAPITAL CORP.

Principal Place of Business

825 S.BAYSHORE DR
SUITE 1650
MIAMI FL 33131

Mailing Address

825 S.BAYSHORE DR
SUITE 1650
MIAMI FL 33131-2820

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 777 S. FLAGLER DR

Suite, Apt. #, etc.

27 SUITE 1201E

28 City & State

W. PALM BCH, FL

29 Zip

38401

30 Country

9. Name and Address of Current Registered Agent

MEDELSON, VICTOR H
3000 TAFT ST
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3258434

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

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

1201 Hays Street

83 City

84 State

Tallahassee, FL

FL

85 Zip Code

32301

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

Maureen W. Cullen

Maureen W. Cullen

6/13/97

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME IRWIN, THOMAS S
STREET ADDRESS 3000 TAFT ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE

NAME MENDELSON, LAURANS
STREET ADDRESS 825 S.BAYSHORE DR #1650
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME PAUL, JOSEPH
STREET ADDRESS 825 S.BAYSHORE DR #1650
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME MENDELSON, VICTOR
STREET ADDRESS 825 S.BAYSHORE DR #1650
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME VETTER, JUDITH
STREET ADDRESS 825 S.BAYSHORE DR #1650
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME MENDELSON, ERIC
STREET ADDRESS 3000 TAFT STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 300002216433-6

1.3 STREET ADDRESS -06/18/97--01108--023

1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME C

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME P

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE VP/CEO/AS

4.2 NAME JAW PAUL ANDREW

4.3 STREET ADDRESS 777 S. FLAGLER DR

4.4 CITY-ST-ZIP W. PALM BEACH, FL 33401

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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

H. C. K. Cullen

CR2E034 (9/96)