

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000047228 (9)

1. Corporation Name

MEDITEK-GWINNET, INC.

Principal Place of Business:

825 S BAYSHORE DR
SUITE 1643
MIAMI FL 33131

Mailing Address

825 S BAYSHORE DR
SUITE 1643
MIAMI FL 33131



900001840289

-05/28/96--01022--038

***4800.00

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3258168

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDELSON, VICTOR
825 S BAYSHORE DR
SUITE 1643
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DC MENDELEON, LAURANS
STREET ADDRESS
825 S BAYSHORE DR SUITE 1643
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
DV MENDELEON, VICTOR
STREET ADDRESS
825 S BAYSHORE DR SUITE 1643
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
DP PAUL, JOSEPH A
STREET ADDRESS
825 S BAYSHORE DR SUITE 1643
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
DVT IRWIN, THOMAS S
STREET ADDRESS
825 S BAYSHORE DR SUITE #1650
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

→ #1650

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

→ #1650

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

→ #1650

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

DTV

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

→ #1650

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

D Mendelson, ERIC
3000 Taft Street
Hollywood, FL 33021

☐ Change ☒ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR H. MENDELSON

Date

Daytime Phone #

4/26/96

(305) 374-1745

CR2E034 (12/95)