

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 # P95000054997 (8)

1. Corporation Name

MEDITEK-PBGMRI, INC.

Principal Place of Business

Mailing Address

~~670 HEICO CORPORATION~~
3000 TAFT ST
HOLLYWOOD FL 33021

~~670 HEICO CORPORATION~~
3000 TAFT ST
HOLLYWOOD FL 33021



200001840302

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

***4800.00

3. Date Incorporated or Qualified 07/13/1995
3a. Date of Last Report

4. FEI Number 65-0599316
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
21. 825 S BAYSHORE DR

Suite, Apt. #, etc.
22. Suite 1650

City & State
23. MIAMI FL

Zip Country
24. 33131 US

2a. Mailing Address
26. 825 S BAYSHORE DR

Suite, Apt. #, etc.
27. Suite 1650

City & State
28. MIAMI FL

Zip Country
29. 33131 US

9. Name and Address of Current Registered Agent

MEDELSON, VICTOR H
3000 TAFT ST
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0507 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

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

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D MEDELSON, VICTOR H
STREET ADDRESS	3000 TAFT ST
CITY-STATE-ZIP	HOLLYWOOD FL 33021
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☒ Change ☐ Addition
2. NAME	DV
3. STREET ADDRESS	825 S BAYSHORE DRIVE SUITE 1650
4. CITY-STATE-ZIP	MIAMI, FL 33131
5. TITLE	☐ Change ☒ Addition
6. NAME	DC
7. STREET ADDRESS	Mendelson, Laurans
8. CITY-STATE-ZIP	825 S. Bayshore Dr. Suite 1650
9. TITLE	☐ Change ☒ Addition
10. NAME	D
11. STREET ADDRESS	Mendelson, ERIC
12. CITY-STATE-ZIP	3000 Taft Street
13. TITLE	☐ Change ☒ Addition
14. NAME	DP
15. STREET ADDRESS	Paul, Joseph A.
16. CITY-STATE-ZIP	825 S. Bayshore Dr. #1650
17. TITLE	☐ Change ☒ Addition
18. NAME	DTV
19. STREET ADDRESS	Inwin, Thomas S
20. CITY-STATE-ZIP	3000 Taft Street
21. TITLE	☐ Change ☒ Addition
22. NAME	S
23. STREET ADDRESS	Vetter, Judith
24. CITY-STATE-ZIP	825 S. Bayshore Dr. #1650-96
25. TITLE	☐ Change ☒ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in 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. MEDELSON

4/26/96

(205) 374-1715

CR2E034 (12/95)