

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

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**Jun 10 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P95000092551 (7)**

1. Corporation Name  
**MEMSS, INC.**

Principal Place of Business

**C/O MARSHA G. MADORSKY, ESQ.  
2665 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133**

Mailing Address

**C/O MARSHA G. MADORSKY, ESQ.  
2665 SOUTH BAYSHORE DRIVE  
MIAMI FL 33133-5448**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**12/04/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number

**APPLIED FOR 65-0754124**

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

9. Name and Address of Current Registered Agent

**MADORSKY, MARSHA G ESQ  
C/O MARSHA G. MADORSKY, ESQ.  
2665 SOUTH BAYSHORE DRIVE #803  
MIAMI FL 33133**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D MADORSKY, MARSHA G**  
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 registered agent 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 in an attachment with an address.

CR2E034 (9/96)

SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

1 Name of applicant (Legal name) (See instructions.)  
**MEMSS, INC.**

2 Trade name of business, if different from name in line 1  
**MEMSS, INC.**

3 Executor, trustee, "care of" name  
**c/o Marsha G. Madorsky, Esq.**

4a Mailing address (street address) (room, apt., or suite no.)  
**2665 South Bayshore Drive Suite 603**

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code  
**Miami, Florida 33133**

5b City, state, and ZIP code

6 County and state where principal business is located  
**DADE**

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ **266-80-1690**  
**Marsha G. Madorsky**

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN) ☐ Estate (SSN of decedent) ☐ Trust

☐ REMIC ☐ Personal service corp. ☐ Plan administrator-SSN ☐ Partnership

☐ State/local government ☐ National guard ☐ Other corporation (specify) ☐ Farmers' cooperative

☐ Other nonprofit organization (specify) ☐ Federal government/military ☐ Church or church controlled organization

☒ Other (specify) ▶ **Corporation** (enter GEN if applicable)

8b If a corporation, name the state or foreign country (If applicable) where incorporated ▶ **Florida** State Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶ **RECEIVED**

☐ Hired employees ☐ Purchased going business **DEC 19 1995**

☐ Created a pension plan (specify type) ▶ **Tele-Tin Unit**

☐ Banking purpose (specify) ▶ ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **November 30, 1995**

11 Enter closing month of accounting year. (See instructions.) **Dec. 1996**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) **0**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
<b>0</b>	<b>0</b>	<b>0</b>

14 Principal activity (See instructions.) ▶ **REAL ESTATE DEVELOPMENT**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail) ☐ Other (specify) ▶ ☒ Business (wholesale)

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Business telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **Marsha G. Madorsky, Esq.**

(305) 856-0879

Signature ▶ **12/10/95** Date ▶ **President**

Note: Do not write below this line. For official use only.

Please leave blank ▶

GEO.	IND.	CLASS	SIZE	REASON FOR APPLYING
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4961  
Internal Revenue Service  
Atlanta Service Center

Department of the Treasury

Date: 5/8/97

Telephone Number: (770) 455-2360

Name and Current Mailing Address

Marsha A. Magdarsky  
2665 S. Bayshore Dr. Ste 603  
Miami, FL 33133

Phone Number	Best Time to Call	Person to Contact
Work ( )		
Home ( )		

Dear Taxpayer:

We are sorry, but we can't process your application for an employer identification number (Form SS-4), because more information is needed. We are returning the form to you so you can take the necessary action and send it back to us for processing. Please provide the information indicated for the box(es) checked below.

- ☐ 1. Social Security Number on line 7 of Form SS-4.
- ☐ A. Corporation - President, vice president, or other principal officer.
  - ☐ B. Partnership - One of the partners
  - ☐ C. Trust - Trustee/grantor (If grantor is deceased, need SSN of Trustee as well.)
  - ☐ D. Estate - Personal Representative, exec., or admin. (In addition to decedent on line 8a)
  - ☐ E. Non-Resident Alien - Copy of passport, VISA, birth cert., drivers license, or other state identification.
  - ☐ F. Canadian Citizen - Copy of social security card, birth certificate, passport, drivers license, or other state ID.
  - ☐ G. Other - Owner, sole proprietor, or trustor of trust.
  - ☐ H. Copy of social security card (Note: The name indicated does not match the SSN on our records.)
- ☐ 2. Location Address of Business on line 5a and 5b of Form SS-4 (actual physical location of building).
- ☐ 3. Business Operational Date on line 10 of Form SS-4.
- ☐ A. Corporation - Date incorporated with state
  - ☐ B. Partnership - Date partnership agreement went into effect
  - ☐ C. Trust - Date trust was created
  - ☐ D. Estate - Date of death of the decedent
  - ☐ E. Other - Date business or organization started
- ☐ 4. Fiscal Year Month on line 11 of Form SS-4.
- ☒ 5. Principal Activity of Business on line 14 of Form SS-4.
- ☐ 6. Telephone Number of Business (below line 17c of Form SS-4).
- ☐ 7. Signature
- ☐ A. Corporation - President, vice president, corporate secretary, or treasurer
  - ☐ B. Partnership - One of the partners
  - ☐ C. Trust or Estate - Personal representative, executor, or any third party representing the trust or estate
  - ☐ D. Other - Any third party signing the Form SS-4 must attach Form 2848, Power of Attorney and Declaration of Representative, or Form 8821, Tax Information Authorization
- ☐ 8. Our records indicate the name of your corporation has already been established. We will need a copy of your **CERTIFICATE OF** articles of incorporation from the state.

(over)