

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 16 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000042371 (0)

1. Corporation Name
MEDITEK-BROWARD, INC.

Principal Place of Business

3000 TAFT STREET
C/O HEICO CORPORATION
HOLLYWOOD FL 33021

Mailing Address

3000 TAFT STREET
C/O HEICO CORPORATION
HOLLYWOOD FL 33021-4441

3. Date Incorporated or Qualified
05/10/1996

3a. Date of Last Report

4. FEI Number

☒ 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 4461 N. Federal Hwy

Suite, Apt. #, etc.

22

City & State

23 OAKLAND PARK, FL

Zip

24 33308

Country

25

2a. Mailing Address

26 777 S. Flagler Dr

Suite, Apt. #, etc.

27 Suite 1201

City & State

28 West Palm Bch FL

Zip

29 33401

Country

30

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company
82 Street Address: (If O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City
Tallahassee, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE
D
NAME
MENDELSON, VICTOR H
STREET ADDRESS
3000 TAFT STREET
CITY-ST-ZIP
HOLLYWOOD FL 33021

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
C.
1.2 NAME
MENDELSON, LAURANS A
1.3 STREET ADDRESS
777 S. FLAGLER DR
1.4 CITY-ST-ZIP
WEST PALM BCH, FL 33401

☐ Change ☒ Addition

2.1 TITLE
P
2.2 NAME
PAUL, JOSEPH
2.3 STREET ADDRESS
777 S. FLAGLER DR
2.4 CITY-ST-ZIP
WEST PALM BCH, FL 33401

☐ Change ☒ Addition

3.1 TITLE
VP/AS
3.2 NAME
SHAW, PAUL ANDREW
3.3 STREET ADDRESS
777 S. FLAGLER DR
3.4 CITY-ST-ZIP
WEST PALM BCH, FL 33401

☐ Change ☐ Addition

4.1 TITLE
100002216421--3
4.2 NAME
-06/18/97--01108--020
4.3 STREET ADDRESS
****165.00 ****165.00
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
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 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:

CR2E034 (9/96)