

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90091 028 ***150.00

DOCUMENT # P96000054913

1. Corporation Name
MEDAN, INC.

Principal Place of Business
1012 BEL AIR DRIVE
HIGHLAND BEACH FL 33487

Mailing Address
1012 BEL AIR DRIVE
HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0678942

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAKIM, NILI
1012 BELL AIR DRIVE
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

81 Name

Hakim, Nili

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

1012 Bel Air Drive

83

84 City

Highland Beach

FL

85 Zip Code

33487

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 DVT ☐ DELETE
NAME HAKIM, MORRIS M
STREET ADDRESS 1012 BELL AIR DRIVE
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE DP ☐ DELETE
NAME HAKIM, NILI
STREET ADDRESS 1012 BELL AIR DRIVE
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE DS ☐ DELETE
NAME HAKIM, ANAT
STREET ADDRESS 1107 GARFIELD ST
CITY-ST-ZIP MADISON WI 53711

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE DVT ☒ Change ☐ Addition
1.2 NAME Hakim, Morris M.
1.3 STREET ADDRESS 1012 Bel Air Drive
1.4 CITY-ST-ZIP Highland Beach, FL 33487

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME Hakim, Nili
2.3 STREET ADDRESS 1012 Bel Air Drive
2.4 CITY-ST-ZIP Highland Beach, FL 33487

3.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME Hakim Anat
3.3 STREET ADDRESS 1012 Bel Air Drive 1107 Garfield St.
3.4 CITY-ST-ZIP Highland Madison, WI 53711

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anat Hakim

Date

Daytime Phone #

1-11-99

608-258-4980

CR2E034 (1/1/98)