


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

FILED  
Jul 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P97000074868 (5)

1. Corporation Name

MEDTEK FINANCIAL, INC.



Principal Place of Business

Mailing Address

~~10141 E. TROON CIR  
MIAMI LAKES FL 33014~~

19631 W. LAKE DR  
MIAMI FL 33015

~~10141 E. TROON CIR  
MIAMI LAKES FL 33014~~

19631 W. LAKE DR  
~~MIAMI FL 33015~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 MIAMI FL

29 33015 30 USA

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

05-0777142

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 or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENCIA, ROBERT  
10141 E. TROON CIR  
MIAMI LAKES FL 33014

~~10141 E. TROON CIR  
MIAMI LAKES FL 33014~~  
~~10141 E. TROON CIR  
MIAMI LAKES FL 33014~~  
~~10141 E. TROON CIR  
MIAMI LAKES FL 33014~~

10. Name and Address of New Registered Agent

81 Name

Robert Mencia

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

19631 WEST LAKE DR

83

84 City

MIAMI

FL

85 Zip Code

33015

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Robert Mencia, President*

5/1/98

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 NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT  
ROBERT MENCIA  
19631 W. LAKE DR  
MIAMI FL 33015

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SEC/TREAS.  
ROSE MENCIA  
19631 W. LAKE DR  
MIAMI FL 33015

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 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 in an attachment with an address.

SIGNATURE *Robert Mencia, President* 5/1/98 305 788 1110

CR2E034 (10/97)