

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S76664** (9)

1. Corporation Name  
**MEDITEK-WELLINGTON, INC. #120**

Principal Place of Business  
**10101 FOREST HILL BLVD.  
WEST PALM BEACH FL 33414**

Mailing Address  
**777 S. FLAGLER DRIVE  
SUITE 1201E  
WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>250 S. AUSTRALIAN AVE</b> Suite, Apt. #, etc. 22 <b>9TH FLOOR</b> City & State 23 <b>WEST PALM BEACH, FL</b> Zip 24 <b>33401</b>		2a. Mailing Address 26 <b>250 S. AUSTRALIAN AVE</b> Suite, Apt. #, etc. 27 <b>9TH FLOOR</b> City & State 28 <b>WEST PALM BEACH, FL</b> Zip 29 <b>33401</b>		3. Date Incorporated or Qualified <b>08/29/1991</b>	
		4. FEI Number <b>59-3097375</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	1.1 TITLE	<b>CO-CHAIR DIRECTOR</b>
NAME	<b>MENDELSON, LAURANS</b>	1.2 NAME	<b>LE RICHEY</b>
STREET ADDRESS	<b>825 S. BAYSHORE DR., #1650</b>	1.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE	<b>P</b>	2.1 TITLE	<b>PRES/CEO</b>
NAME	<b>PAUL, JOSEPH</b>	2.2 NAME	<b>JOSEPH A. PAUL</b>
STREET ADDRESS	<b>825 S. BAYSHORE DR., #1650</b>	2.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33021</b>	2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE	<b>VPAS</b>	3.1 TITLE	<b>CO-CHAIR DIRECTOR</b>
NAME	<b>SHAW, PAUL ANDREW</b>	3.2 NAME	<b>KEITH HARTLEY</b>
STREET ADDRESS	<b>777 S. FLAGLER DRIVE</b>	3.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE		4.1 TITLE	<b>VPRES/COO</b>
NAME		4.2 NAME	<b>WAYNE MOOR</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE		5.1 TITLE	<b>SEC</b>
NAME		5.2 NAME	<b>FRANCIS J. HARKINS JR.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>250 S. AUSTRALIAN AVE, 9TH FLOOR</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: ✓

*Wayne Moor*

*Wayne Moor*

*4/10/98*

*361-832-1766*

CR2E034 (10/97)