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

DOCUMENT # V36827

MEDITEK-CHATHAM INDUSTRIES, INC.

								i I 									
Principal Place	e of Business	Mailing Address															
33 MAIN STREET CHATHAM NJ 07928		250 S. AUSTRALIAN AVE															
		9TH FLOOR WEST PALM BEACH FL 3:3401					DO NOT WRITE IN THIS SPACE										
		US					3.	Date Ir	corporat	ted or	Qualif	fed					
								05/18	/1992								_
2. Principal Pl	ace of Business	2a. Mailing Address	_				1 -7	FEI Nu							Apr	pied For	
21		26					59-3122787						[t Applicable	_		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certifo	ate of Sta	atus I	Desired	d i				ciditional		
22		27				1								ee Re		_	
City & Sate	e	City & State				6. Election Campaign Financing						\$5.00 May Be Added to Fees					
23		28					-		und Cor							o rees	_
Zip	Country	Zip	Cour	ıtry			8.		rporatio			current	t year In	tangibli Ye ⊡		[]No	
24	9. Name and Address of Curre	29	30			—–	10		and Add			w Rec	aistere d				
	9. Name and Address of Curre	nt Registered Agent		81	Name		10.	IVUIIIC	4170 7101	21000	0,	-11-11-2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,g			_
COR	PORATION SERVICE COMPANY	1	L														_
1201 HAYS STREET				82	Street	t Addre	ress (P.O. Box Nu			lumber is Not Acceptable)			e)				
	AHASSEE FL 32301		-	83													-
																	_
				84	City								FL	85	Zip C	Code	
44 Dureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	es, the ab	ove	-name	d corpo	ration	submi	is this sta	atem	ent for	the pu	rpose of	f chang	jing its	registered	_
office cr r	egistered agent or both in the State	e of Florida. Such change was સ	uthorized	by t	he cor	pore tio	n's bo	ard of	rectors.	. I her	reby ac	ccept t	he appo	intmen	t as rec	gistered	
agent. a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	irida Statu	ies.													
SIGNATURE	Signature, typed or printed na ne of registered ag-	ent and title if applicable. (NOT)	: Registered /	Agent	signature	required	when re	instating)					DATE				
12.		ND DIRECTORS	13.					TIDO	ONS/CH	ANGE	s to	OFFIC	DERS /J	ND DIF	RECTO	FS IN 12	_
TITLE	CD	X DELETE	1.1 TITI	LE		T									hange	Additio	'n
NAME	RICHEY, LE		1.2 NAM		<u>:</u>												
STREET ADDRESS 250 S. AUSTRALIAN AVE, 9TH		1 FLOOR	1.3 STREET		ADDRESS	s											
CITY-ST-ZIP WEST PALM BEACH FL 33401		1	1.4 CITY-ST-ZIP														
TITLE	PCEO				2.1 TITLE									□ C	hange	Additio	П
NAME	PAUL, JOSEPH A.		2.2 NA	ME													
STREET ADDRESS	250 S. AUSTRALIAN AVE, 9Th	ł FLOOR	2.3 STR		ET ADDRESS												
CITY-ST-ZIP	WEST PALM BEACH FL 3340	1	2.4 CF	TY-ST	r-ZIP												_
TITLE	CO	☐ DELETE	3.1 TITI	LE		_								□ C	hange	Additio	'n
NAME	HARTLEY, KEITH		3 2 NAME														
STREET ADDRESS	250 S. AUSTRALIAN AVE. 9TI	H FLOOR	3.3 STI	REET	ADDRESS	s											
CITY-ST-ZIP	WEST PALM BEACH FL 3340	1	3.4. Cf1	TY-ST	Γ- ZiP												_
TITLE	VPCF	☐ DELETE	4.1 TIT	LE											Change	Additio	ın
NAME	MOOR, WAYNE		4. 2 NA	ME		,											
STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH	1 FLOOR	4.3 STI	REET.	ADDRESS	s											
CITY-ST-ZIP	WEST PALM BEACH FL 3340	1	4.4 CIT	Y-ST	- ZIP												_
TITLE	\$	☐ DELETE	5.1 TIT	LE										Πc	Change	☐ Additio	'n
NAME	HARKINS, FRANCIS J JR		5.2 NA	ME													
STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH	1 FLOOR	5.3 STI	REET	ADDRES	s											
CITY-ST-ZIP	WEST PALM BEACH FL 3340		5.4 CIT		- ZIP												_
TITLE		☐ DELETE	6.1 TIT												Change	Additio	'n
NAME			6.2 NA														
CTREET ADDRESS	}		6.3 STI	REET	ADDRES:	s)											

CITY-ST-ZIP

14. Thereby 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 attact ment with an address, with all other like empowered. 561-832-1766

CITY-ST-ZIP

Wayne Moor

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90060 042 ***150.00

Daytime Phone #

CR2E034 (11/98)