

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 176450 (5)
1. Corporation Name
HECHT RUBBER CORPORATION

95 JAN 18 PM 2:31

Principal Place of Business Mailing Address
6161 PHILLIPS HWY JACKSONVILLE FL 32216-5920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/10/1953	01/25/1994
22		27		4. FEI Number	Applied For
23		28		59-0703038	Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHORSTEIN, MICHAEL A., ESQUIRE 402 DUPONT CENTER 1660 PRUDENTIAL DRIVE JACKSONVILLE FL 32207				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0507 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) _____ (Print Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, SYLVIA	1.1 NAME	
STREET ADDRESS	6161 PHILLIPS HWY	1.2 STREET ADDRESS	
CITY, ST, ZIP	JAX, FL 00000	1.3 CITY, ST, ZIP	
TITLE	PD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, MILTON	2.1 NAME	
STREET ADDRESS	6161 PHILLIPS HIGHWAY	2.2 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	2.3 CITY, ST, ZIP	
TITLE	VTD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, STUART	3.1 NAME	
STREET ADDRESS	6161 PHILLIPS HIGHWAY	3.2 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	3.3 CITY, ST, ZIP	
TITLE	VD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, LARRY	4.1 NAME	
STREET ADDRESS	6161 PHILLIPS HIGHWAY	4.2 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	4.3 CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 NAME	
STREET ADDRESS		5.2 STREET ADDRESS	
CITY, ST, ZIP		5.3 CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 NAME	
STREET ADDRESS		6.2 STREET ADDRESS	
CITY, ST, ZIP		6.3 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(1)(b), Florida Statutes. I further certify that the information included 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 responsible to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Stuart I. Hecht* **Stuart I. Hecht, V/T/D 1/10/95 (904)731-3401**