

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:37

DOCUMENT # 528108

(4)

1. Corporation Name

SCHAI ASSOCIATES, INC.

Principal Place of Business

500 OCEAN DRIVE, 9A-W
JUNO BCH FL 33408

Mailing Address

500 OCEAN DRIVE, 9A-W
JUNO BCH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1977

3a. Date of Last Report

04/28/1994

4. FEI Number

59-1712275

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 has liability for intangible tax under S. 190.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAI, ARTHUR
500 OCEAN DR
JUNO BCH, FL
33408

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named in registered agent or new registered agent

Signature of person named in registered agent or new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHAI, ARTHUR S JR
STREET ADDRESS	319, E FRANKLIN
CITY, ST, ZIP	DELPHI IN
TITLE	PT
NAME	SCHAI, ARTHUR S.
STREET ADDRESS	500 OCEAN DR
CITY, ST, ZIP	JUNO BCH, FL 00000
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 1

1. TITLE	☐ Change ☐
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 Section 130.03(4)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 make the report as required by Chapter 402, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Arthur S. Schai

2/19/95

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