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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 553692 1. Corporation Name

1999

MARC S. PECHTER, INC.

**FILED** Feb 01, 1999 8:00am **Secretary of State** 

02-01-1999 90036 009 \*\*\*163.75



Principal Plac								• • • • • • • • • • • • • • • • • • • •
	e of Business	Mailing Address					-	
2120 COVE LA	NE .	2120 COVE LANE			· · · · · · · · · · · · · · · · · · ·			
#105 ·	1	WESTON FL 33326						
WESTON FL 33	3326	.U\$			DO NOT WRIT	TE IN THIS	SPACE	
US	•				3. Date Incorporated or Qualifed		-	
					10/01/1977			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			59-1767527		3 Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	. ,
		27			5. Certifcate of Status Desired	100	Fee Rec	
City & Stat	<u> </u>	City & State			a Florido Como in Financina		<del> </del>	<u> </u>
	ie .	<u>⊢</u> ′			6. Election Campaign Financing		\$5.00 h Added to	
23		28	C		Trust Fund Contribution			- 1668
Zip	Country	Zip	Countr	у	8. This corporation owes the curr	ent year In		
24	25	29	30		Personal Property Tax.			<b>2</b> No
	9. Name and Address of Current	Registered Agent		.1	10. Name and Address of New F	Registered	Agent	
	Later to the state of the state		8	1 Name				
	HTER, MARC		8:	2 Street Add	ress (P.O. Box Number is Not Accepta	hle)		
	D COVE LANE		0.	Sueer Add	ress (F.O. Box Number is Not Accepte		Joseft er gar kamma hit	en inserten
WES	STON FL 33326		8:	3	- Harrington (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	: 3 (15: 2) \$1	501303.3312	11351143
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			84	4 City			85 Zíp C	ode
24.20 (274.5.4.4)	100	AL AL CONTRACTOR		i i		FL		<u>, ': '</u>
11.«Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the	purpose o	f changing its r	egistered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	i Florida. Such change was au ons of Section 607.0505. Flor	uthorized by rida Statute	y tne corporati is.	on a board of directors. I hereby accep	it the appo	inmient as reg	istereu 📜
ayeni. i a	in lamila, with and accept the obligant							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if anolicable /NOTE:	Registered Age	ent einnature require	ed when reinstating)	DATE		:
12.	OFFICERS AND		13.	5.8- 2.5-0 -040110	ADDITIONS/CHANGES TO OF		ND DIRECTOR	RS IN 12
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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 innual 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 appears with an address, with all other like empowered.