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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:36

DOCUMENT # 612615 (5)

1. Corporation Name
MARK S. SCHECTER, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
110 NE 3RD ST #300 (33301) PO DRAWER 14396 FT LAUDERDALE FL 33302 US	110 NE 3RD ST #300 (33301) PO DRAWER 14396 FT LAUDERDALE FL 33302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1979
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1889284 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2501 E. Commercial Blvd.	26 2501 E. Commercial Blvd.
Suite, Apt. #, etc. 22 Suite 216	Suite, Apt. #, etc. 27 Suite 216
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL
Zip 24 33308 Country 25 USA	Zip 29 33308 Country 30 USA

9. Name and Address of Current Registered Agent

SCHECTER, MARK S.
110 NE 3RD ST #300
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: SCHECTER, MARK S.
82 Street Address (P.O. Box Number is Not Acceptable): 2501 E. Commercial Blvd., Suite 216
83
84 City: Fort Lauderdale FL 85 Zip Code: 33308

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 ________ MARK S. SCHECTER DATE 3/28/95

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1 1 TITLE	PST ☒ Change ☐ Addition
NAME	SCHECTER, MARK S	1 2 NAME	SCHECTER, MARK S.
STREET ADDRESS	110 NE 3RD ST #300	1 3 STREET ADDRESS	2501 E. Commercial Blvd., #216
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1 4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	VP	2 1 TITLE	VP ☒ Change ☐ Addition
NAME	WALKDEN, JOHN L.	2 2 NAME	SCHECTER, MARK S.
STREET ADDRESS	110 NE 3RD ST #300	2 3 STREET ADDRESS	2501 E. Commercial Blvd., #216
CITY-ST-ZIP	FT. LAUDERDALE FL	2 4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ________ 3/28/95 (305) 491-5622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARK S. SCHECTER, President — Date — Daytime Phone #

0432009 FF