

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 686267 (6)
 1. Corporation Name
JOEL S. SCHECTER, P.A.



Principal Place of Business
**600 CORPORATE DR STE 514
 FT. LAUDERDALE FL 33334**

Mailing Address
**600 CORPORATE DR STE 514
 FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2401 E. Atlantic Blvd. Suite, Apt. #, etc. 22 Suite 400 City & State 23 Pompano Beach, FL Zip 24 33062 Country 25 Broward		2a. Mailing Address 26 2401 E. Atlantic Blvd. Suite, Apt. #, etc. 27 Suite 400 City & State 28 Pompano Beach, FL Zip 29 33062 Country 30 Broward		3. Date Incorporated or Qualified 09/01/1980	4. FEI Number 59-2036038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCHECTER, JOEL S. ESQ. 600 CORPORATE DR STE 514 FORT LAUDERDALE FL 33334		10. Name and Address of New Registered Agent 81 Name Schechter, Joel S. Esq. (same as be 82 Street Address (P.O. Box Number is Not Acceptable) 2401 E. Atlantic Blvd. (new address 83 Suite 400 84 City Pompano Beach FL 85 Zip Code 33062	
---	--	---	--

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 *Joel S. Schechter* **4/14/98**
 Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME SCHECTER, JOEL S. STREET ADDRESS 600 CORPORATE DR STE 514 CITY-ST-ZIP FT. LAUDERDALE FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 2401 E. Atlantic Blvd. - #400 1.4 CITY-ST-ZIP Pompano Beach, FL 33062		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 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:

Joel S. Schechter

4/14/98

954-772-7788

CR2E034 (10/97)