Jul-02-2004 13:48 From-FRIEDBERG SMITH 120391 7/12/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State
07-12-2004 90021 014 ***150.00

DOCUMENT # F97000000601

1. Entity Name
SCHACHTEL RESEARCH CENTERS, INC.

66430691

Principal Place of Business	Mailing Address
109 QUAYSIDE DRIVE JUPITER, FL 33477	109 QUAYSIDE DRIVE JUPITER, FL 33477

DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0723903
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCHACHTEL, BERNARD P
STREET ADDRESS	109 QUAYSIDE DRIVE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	SD
NAME	SCHACHTEL, SUSAN P
STREET ADDRESS	109 QUAYSIDE DRIVE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Schachtel 7/3/04 561-575-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
66430691
#F97000000601

SUSAN PARKER SCHACHTEL

As suggested on our telephone conversation, I am writing this letter since the intent to dissolve notice was the first I received. Therefore, I am requesting the $400.00 fee be waived.

Thank you -

Susan Schachtel
for
Schachtel Research Center

Tel: 561-379 7928