

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K61753** (5)

1. Corporation Name

AVCHEN ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% DAVID AVCHEN
CUSTOM HOMES, 1788 CANOVA ST., S.E.
PALM BAY FL 32909
US

% DAVID AVCHEN
CUSTOM HOMES, 1788 CANOVA ST., S.E.
PALM BAY FL 32909
US

3. Date Incorporated or Qualified
01/24/1989

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

2a. Mailing Address

21 **1200 MALABAR RD. S.E.**

26 **P.O. Box 100386**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 4**

27

City & State

City & State

23 **Palm Bay, FL.**

28 **Palm Bay, FL.**

Zip

Country

Zip

Country

24 **32909**

25 **BRVD**

29 **32910-0386**

30 **BRVD**

4. FEI Number

65-0097913

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVCHEN, DAVID
% CUSTOM HOMES
1788 CANOVA ST., S.E.
PALM BAY FL 32907

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 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

[Signature]
Signature, type or printed name of registered agent and title if applicable

DAVID AVCHEN

PRES

4/20/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **AVCHEN, MALVIN**
CITY-ST-ZIP **20200 NE 23RD COURT**
MIAMI FL

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **AVCHEN, DAVID**
CITY-ST-ZIP **686 NORSE ST NW**
PALM BAY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID AVCHEN

4/20/96

(407) 768-0496

Date

Daytime Phone #

CR2E034 (12/95)