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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36673

(6)

HECHT ASSOCIATES, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4134 MCGIRTS BLVD. 4134 MCGIRTS BLVD. JACKBONVILLE FL 32210-4362 JACKSONVILLE FL 32210-4362 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1989 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2979908 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Г 28 Trust Fund Contribution Added to Fees Zip Country **7**(p) Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 25 30 Personal Property Tax due June 30. 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HECHT, FREDERICK 4134 MCGIRTS BLVD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 **B3** 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature, typoid or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change 113016 TITLE HECHT, FREDERICK NAME 1.2 NAME 4134 MCGIRTS BLVD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE HECHT, BARBARA KAISER NAME 2.2 NAME 4134 MCGIRTS BLVD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2. 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 2IP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

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