

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

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

DOCUMENT # **M85603 (2)**  
1. Corporation Name  
**SCHECTER ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**% MARK S. SCHECTER**  
**110 N.E. 3RD ST., STE. 300**  
**FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.


3. Date Incorporated or Qualified **06/14/1988** 3a. Date of Last Report **01/28/1994**  
4. FEI Number **65-0055502** 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. Suite, Apt. #, etc.  
22 **Suite #216** 27 **Suite #216**  
City & State City & State  
23 **Fort Lauderdale, FL** 28 **Fort Lauderdale, FL**  
Zip Country Zip Country  
24 **33308** 25 **USA** 29 **33308** 30 **USA**

9. Name and Address of Current Registered Agent  
**SCHECTER, MARK S.**  
**110 N.E. 3RD ST., STE. 300**  
**FORT 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  DATE **3/28/95**  
NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

TITLE	<b>DPV</b>
NAME	<b>SCHECTER, MARK S.</b>
STREET ADDRESS	<b>110 NE 3RD ST #300</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>ST</b>
NAME	<b>SCHECTER, MARK S.</b>
STREET ADDRESS	<b>110 NE 3RD ST #300</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DPV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>SCHECTER, MARK S.</b>
13 STREET ADDRESS	<b>2501 E. Commercial Blvd., #216</b>
14 CITY, ST, ZIP	<b>Fort Lauderdale, FL 33308</b>
21 TITLE	<b>S T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>SCHECTER, MARK S.</b>
23 STREET ADDRESS	<b>2501 E. Commercial Blvd., #216</b>
24 CITY, ST, ZIP	<b>Fort Lauderdale, FL 33308</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(2)(a), 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 addition.

SIGNATURE:  DATE **3/28/95** (305) 491-5622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARK S. SCHECTER, President**