

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

FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P14986

(4)

1. Corporation Name

MIKE SCHECHTER ASSOCIATES, INC.

Principal Place of Business

10012 N DALE MABRY
SUITE 213
TAMPA FL 33618-4425

Mailing Address

10012 N DALE MABRY
SUITE 213
TAMPA FL 33618-4425

3. Date Incorporated or Qualified

08/25/1987

3a. Date of Last Report

02/29/1996

4. FEI Number

13-2795888

Applied For

~~NOT APPLICABLE~~

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SCHECHTER, MIKE
18711 PEPPER PIKE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

SCHECHTER, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

10012 N. DALE MABRY

83

SUITE 213

84 City

TAMPA

FL

85 Zip Code

33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Michael Schechter

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
SCHECHTER, MICHAEL
18711 PEPPER PIKE
LUTZ, FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SCHECHTER, SUSAN
18711 PEPPER PIKE
LUTZ FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SCHECHTER, MICHAEL
18711 PEPPER PIKE
LUTZ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
10012 N. DALE MABRY, SUITE 213
TAMPA, FL 33618

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
10012 N. DALE MABRY, SUITE 213
TAMPA, FL 33618

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
10012 N. DALE MABRY, SUITE 213
TAMPA, FL 33618

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 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: X

Michael Schechter

DATE

1/29/97

Daytime Phone #

960-7555

CR2E034 (9/96)