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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra 8 Medinam Secretary of State

1996

DOCUMENT #

1. Corporation Name

P9400039027 (5)

THE SCHECHER ORGANIZATION, INC.

Principal Place of Business Mailing Address 101 N. OCEAN DR. 525 OCEAN BLVD. TOWER SUITE **UNIT 411** HOLLYWOOD FL 33019 LONG BRANCH NJ 07740 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1994 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 499 Marlboro Road 65-0501272 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees Żipi 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 24 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KOWALSKY, DEBORAH S. ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 2501 HOLLYWOOD BLVD. 83 SUITE 206 HOLLYWOOD FL 33020 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. DATE (NOTE: Rogistered Agent signature required when reinstating) Signature, typic or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THE 1.1 TITLE SCHECHER, RICHARD J NAME 1.2 NAME 525 OCENA BLVD. #411 STREET ADDRESS 1.3 STREET ADDRESS LONG BRANCH NJ 07740 0:1Y-S1-ZP 1.4 CITY-ST-ZIP T) DELETE Addition 1 ILF 2 1 TITLE ☐ Change NAM? 22 NAME STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP 0:1Y-ST-ZP DELETE 3 1 TITLE ☐ Addition TIFLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City-St-ZiP C(1Y - S1 - Z)P DELFTE 4 1 TITLE ☐ Change ■ Addition STREET ADDRESS 4 3 STREET ADDRESS OTY-51-79 4.4 CITY - ST - ZIP DELETE ☐ Change Addition THEF 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY 51-70 5.4 CITY - ST - ZIP 1000 DELETE 6 1 TITLE ☐ Change ■ Addition

> 6.2 NAME 6.3 STREET ADDRESS

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 armual 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 composition 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 on an artificial chapter 607.

64 CITY - ST - ZIP

SIGNATURE:

NAME

STHEE! ADDRESS

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRE

2/6/96 100-989.4772

**FILED** 

Feb 12, 1996 08:00 AM

**Secretary of State**