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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039027 (5)

THE SCHECHER ORGANIZATION, INC. Principal Place of Business Mailing Address 101 N. OCEAN DR. 499 MARLBORO RD TOWER SUITE OLD BRIDGE NJ 08857 HOLLYWOOD FL 33019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1994 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 21 65-0501272 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KOWALSKY, DEBORAH S. ESQ. SAUMAS 2501 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 208** 83 **HOLLYWOOD FL 33020** ひってょてらん 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, applications of, Section 607.0505, Florida Statutes. **2.3.96** SIGNATURE id title if applicable (NOTE Registered Agent signature required when reinstating) DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AN 13. DELETE Change TITLE 1.1 TITLE RICHARD SCHECHER SCHECHER, PICHARO J 1.2 NAME NAME 500 CRAIL ROAD 141 PERINEVILLE ROAD STREET ADDRESS 1.3 STREET ADDRESS TH LAPANAM JAMESBURG NJ 1.4 CITY - ST- ZIP CITY-SI-ZIP DELETE Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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

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5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

21-3/98 35-868-0010

Change

Addition

FILED

Mar 04 1998 8:00am

Secretary of State