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FILED

Jan 21 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 # P94000053333 (8)

1. Corporation Name

PHILIP D. FECHTMAYER, CPA, P.A.



Principal Place of Business

Mailing Address

~~9195 WINDING WOODS DR
LAKE WORTH FL 33467~~

~~9195 WINDING WOODS DR
LAKE WORTH FL 33467-2318~~

2. Principal Place of Business

21 11380 PROSPERITY FARMS RD

Suite, Apt. #, etc.

22 STE. 220A

City & State

23 PALM BEACH GARDENS, FL

Zip

24 33410

Country

2a. Mailing Address

26 11380 PROSPERITY FARMS RD

Suite, Apt. #, etc.

27 STE. 220A

City & State

28 PALM BEACH GARDENS, FL

Zip

29 33410

Country

30

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0510365

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

9. Name and Address of Current Registered Agent

FECHTMAYER, PHILIP D

~~9195 WINDING WOODS DR~~

~~LAKE WORTH FL 33467~~

81 Name

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

11380 PROSPERITY FARMS ROAD

83

STE. 220A

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33410

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

Philip D. Fechtmayer

(NOTE: Registered Agent signature required when reinstating)

1/10/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FECHTMAYER, PHILIP D

STREET ADDRESS ~~9195 WINDING WOODS DR~~

CITY-ST-ZIP ~~LAKE WORTH FL 33467~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11380 PROSPERITY FARMS ROAD, STE 220A

PALM BEACH GARDENS, FL 33410

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

Philip D. Fechtmayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

DATE

DAYTIME PHONE #

CR2E034 (9/96)