

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

FILED

Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

P97000105807

SHELDON BECHER, P.A.

Principal Place of Business 300 SEVILLA SUITE 215 CORAL GABLES, FL 33134	Mailing Address 300 SEVILLA SUITE 215 C. GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified DECEMBER 17, 1997	4. FET Number 65-0805251
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 owes or has paid the current year Intangible Personal Property Tax due June 80. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent SHELDON BECHER 300 SEVILLA, SUITE 215 CORAL GABLES, FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 _____ (Registered Agent or Principal Agent or Registered Agent and Principal Agent) (DO NOT SIGN HERE) _____ Date _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PS SHELDON BECHER 300 SEVILLA, SUITE 215 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 no changes.

SIGNATURE: _____ (SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) _____ Date _____

CR2E034 (10/97)