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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V62092** (4)

1. Corporation Name

MICHAEL C. KNECHT & ASSOCIATES, P.A.

Principal Place of Business

**4440 PGA BLVD., STE. 307
PALM BEACH GARDENS FL 33410**

Mailing Address

**4440 PGA BLVD., STE. 307
PALM BEACH GARDENS FL 33410**



3. Date Incorporated or Qualified

09/03/1992

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KNECHT, MICHAEL C.
4440 PGA BLVD
SUITE 307
PALM BEACH GARDENS FL 33410**

81 Name

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

83

84 City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

KNECHT, MICHAEL C

STREET ADDRESS

4440 PGA BLVD., #307

CITY- ST- ZIP

PALM BEACH GARDENS FL

TITLE

☐ DELETE

NAME

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CITY- ST- ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

407-625-4110

Date

Daytime Phone #

CR2E034 (12/95)