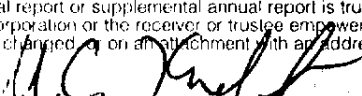


FILED

Jan 17 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 # 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 33410-6541	
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		29	
9. Name and Address of Current Registered Agent			
KNECHT, MICHAEL C. 4440 PGA BLVD SUITE 307 PALM BEACH GARDENS FL 33410			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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 fee if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE	P	☐ DELETE	13.
NAME	KNECHT, MICHAEL C		1.1 TITLE
STREET ADDRESS	4440 PGA BLVD., #307		1.2 NAME
CITY - ST - ZIP	PALM BEACH GARDENS FL		1.3 STREET ADDRESS
TITLE		☐ DELETE	1.4 CITY - ST - ZIP
NAME			2.1 TITLE
STREET ADDRESS			2.2 NAME
CITY - ST - ZIP			2.3 STREET ADDRESS
TITLE		☐ DELETE	2.4 CITY - ST - ZIP
NAME			3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
TITLE		☐ DELETE	3.4 CITY - ST - ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
TITLE		☐ DELETE	4.4 CITY - ST - ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
TITLE		☐ DELETE	5.4 CITY - ST - ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
TITLE		☐ DELETE	6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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			



CR2E034 (9/96)