## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	STUCKER & ASSOCIATE	<b>(</b> )			,	
Principal Place of Business		Mailing Address			1,4001514,40041,10110,01781,10111,10881,1011	61811 BIBN BIBN BIBN BIBN BIBN BIBN 1851
600 BYPASS DRIVE STE 101 CLEARWATER FL 34624 US		PO BOX 8313 CLEARWATER FL 34618 US		Date Incorporated or Qualified 3a.	Date of Last Report	
					02/29/1984	01/27/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26	<u> </u>		59-2991333	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State	· ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Z <sub>I</sub> p		Countr	γ	8. This corporation has fiability for intangible tax under s. 199,032.	
24	25 29 30		30	Florida Statutes		No
	g. Name and Address of Curr	ent Registered Agent		· • · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Regist	ered Agent
			81	1 Name		
	KER, RICK		83	2 Street Add	Address (P.O. Box Number is Not Acceptable)	
	SOUTH DRIVE			1		
CLEAR	WATER FL 34615		83	3		
			84	1 City		85 Zip Code
11 Pursuant t	a the provisions of Sections 607.06	02 and 607 1500 Ftg. d. O. A.		L		FL
or registere familiar wit	ed agent, or both, in the State of Flo h, and accept the obligations of, Sc	oziand 607.1508, Florida statut orida: Such change was authoriz octon 607.0505, Florida Statutes	es, me above red by the con 3	named corpo poration's boa	ration submits this statement for the purpose and of directors. Thereby accept the appointment	of Changing its registered office   ent as registered agent. I am
SIGNATURE						
12.	Signature, typed or product has a chregitation at OFFICERS A	ND DIRECTORS	(If Bi jisharal Aja 13,	a Usapataro e spin		ATE
TITLE	PD	DELETE	1 1 Ti LE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	STUCKER, RICK	1				Change Accition
STREET ADDRESS	4554 664551 5555			LADDRESS		
CiTY-S1-ZiP	CLEARWATER FL		14 SHY -	i		
TITLE	ST			31.20		Change Addition
NAME	CTHOVED MADEN		2.2 NAME			
STREET ADDRESS	1551 South Drive		2.3 \$1855	LADORESS.		
CITY-ST-ZIP	CLEARWATER FL		2.4 City	ST ZIP		
TITLE	DELETE		3 1 THLE			Change Addition
NAME	į		3.2 NAME			
STREET ADDRESS			33 STRE	ET ADDRESS		
CITY-ST-ZIP			34 (11)	ST-Z-P		
TITLE	☐ DELFTE A		4 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREE	LADDRESS		
CITY - ST - ZIP	PT DE CT		4.4.C+TY+			
TITLE		DELETE	5 1 T TLF	1		Change  Add tion
NAME STORES ADDRESS			5.2 NAVE	1		
STREET ADDRESS				I ADORESS		Ì
CITY-ST-ZIP TITLE			5 4 CITY	51 - 21F		
NAME			6 1 THLF			☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME			
,				* ADDRESS		
CITY-ST-ZIP	codifiction the information of an		6.4 CHT+	51-20		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quickly for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplicinental annual report is true and accurate and that my signature shall have the same legal effect as if made under carry, that I am an officer or director of the corporation or the race ver or trusted 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.

GNATURE:

\*\*EXAMPLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Name Print 2]

\*\*Example 2

\*\*Example 2

\*\*Example 3

\*\*Example 3

\*\*Example 3

\*\*Example 3

\*\*Example 4

\*\*Example 3

\*\*Example 4

SIGNATURE: