SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H53835

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SORRENTO FL 32776-0669 SORRENTO FL 32776-0669 SORRENTO FL 32776-0669 3. Date Incorporated or Qualified 3a. Date of Last R. O4/25/1985 O9/11/1996 Ap. Ap. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Fee Re Country Fer Sonal Property Tax due June 30. Fee Re TUCKER, PETER W. 4907 DORA DR. MT. DORA FL 32757 B1 Name City Fee Re Country Fee Re Street Address of New Registered Agent TUCKER, PETER W. 4907 DORA DR. MT. DORA FL 32757 B2 City Fee Re Country Fee Re City S. This corporation owes or has paid the current year Introduced in the personal Property Tax due June 30. Yes Street Address (P.O. Box Number is Not Acceptable) TUCKER, PETER W. 40 40 City Fee Re City Fee	pplied For ht Applicable Additional aquired May Be to Fees angible No Code
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired Apr. 4. FEI Number 5. Certificate of Status Desired Fee Re City & State City & State City & State 2. Country	pplied For ht Applicable Additional aquired May Be to Fees angible No Code
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Sulte, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country B, This corporation owes or has paid the current year Integrated Agent TUCKER, PETER W. 4907 DORA DR. MT. DORA FL 32757 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Re 6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to Personal Property Tax due June 30. Yes Personal Property Tax due June 30. Yes TUCKER, PETER W. 4907 DORA DR. MT. DORA FL 32757 81 Street Address (P.O. Box Number is Not Acceptable) ## City FL 85 Zip Of Country 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 it 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	Additional squired May Be to Fees sangible No
Suite, Apt. #, etc. 27 City & State City & State 28 Country Zip Country Zip Country Zip Country Zip Country Selection Campaign Financing Trust Fund Contribution Added to Personal Property Tax due June 30. Yes Q. Name and Address of Current Registered Agent TUCKER, PETER W. 4907 DORA DR. MT. DORA FL 32757 81 City Suite, Apt. #, etc. City & State City & State Country Sup Country Sup Country Sup Country 8. This corporation owes or has paid the current year Int. Personal Property Tax due June 30. Yes Name 10. Name and Address of New Registered Agent TUCKER, PETER W. 4907 DORA DR. MT. DORA FL 32757 82 City FL 85 Zip 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 it 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	May Be to Fees angible No
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SIGNATURE Signature, typed or printed name of registered agent and bits if applicable (NOTE: Registered Agent signature required when reinstalling) DATE	registered
12, OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12
TITLE PTD DELETE 1.1 TITLE Change	Addition
NAME TUCKER, PETER W. 1.2 NAME]3
STREET ADDRESS 4907 DORA DR. 1.3 STREET ADDRESS	[}
CITY-ST-ZIP MT, DORA FL 1,4 CITY-ST-ZIP	18
TITLE VSD DELETE 2.1 TITLE Change	Addition
NAME TUCKER, JOHN W. III 22 NAME	Ĭ
STREET ADDRESS 400 E CENTRAL BLVD 23 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 2 4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	Acdition
NAME 3.2 NAME	ļ
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CITY-ST-ZIP 3.4 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 4.2 NAME	1
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CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 5.2 NAME	
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TITLE DELETE 6.1 TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 14. I do hereby certify that the information supplied with this fiting 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 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.

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