FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
Certificate of Status Desired

APPROVED
AND
FILED

95 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K01593 (8)

1. Corporate Name
TOOKER & CHESLER, INC.

Principal Place of Business
384 S MILITARY TRL
DEERFIELD BEACH FL 33442
US

Mailing Address
384 S MILITARY TRL
DEERFIELD BEACH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
Suite Apt. # etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0013529 — Applied For ☐ Not Applicable ☐

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 has liability for intangibles under S. 199.032 Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
TOOKER, JIM
11361 N.W. 31ST PLACE
SUNRISE FL 33323

10. Name and Address of New Registered Agent
81 Name: TOOKER JIM
82 Street Address (P.O. Box Numbers Not Acceptable): 384 S. MILITARY TRAIL
83
84 City: DEERFIELD BEACH FL 85 Zip Code: 33442

11. Pursuant to the provisions of Sections 607.0505 and 607.1608, 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

12. OFFICERS AND DIRECTORS

Title	C
Name	TOOKER, JAMES
Street Address	11361 NW 31ST PLACE
City, State, Zip	SUNRISE FL
Title	P
Name	CHESLER, BARRY S.
Street Address	1194 HILLSBORO MILE
City, State, Zip	HILLSBORO BEACH FL
Title	
Name	
Street Address	
City, State, Zip	
Title	
Name	
Street Address	
City, State, Zip	
Title	
Name	
Street Address	
City, State, Zip	
Title	
Name	
Street Address	
City, State, Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

41 Title	☐ Change ☐ Addition
42 Name	
43 Street Address	
44 City, State, Zip	
51 Title	☐ Change ☐ Addition
52 Name	
53 Street Address	
54 City, State, Zip	
61 Title	☐ Change ☐ Addition
62 Name	
63 Street Address	
64 City, State, Zip	
71 Title	☐ Change ☐ Addition
72 Name	
73 Street Address	
74 City, State, Zip	
81 Title	☐ Change ☐ Addition
82 Name	
83 Street Address	
84 City, State, Zip	
91 Title	☐ Change ☐ Addition
92 Name	
93 Street Address	
94 City, State, Zip	

14. I hereby certify that the information contained herein is accurate and complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the enclosed or attached is the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a director or officer 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 above, or on an attached exhibit, as such director or officer.

SIGNATURE: Barry S. Chesler — 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
BARRY S. CHESLER

0267000 CF