

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K39575

(1)

1. Corporation Name

LINDA M. FUKES, R.P.T., P.A.

FILED

**95 JUL 10 AM 10: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**5421 POLK ST
HOLLYWOOD FL 33021**

Mailing Address

**5421 POLK ST
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1988

3a. Date of Last Report

02/11/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

3501 KEYSER AVE VILLA 51

2a. Mailing Address

26

Suite, Apt. #, etc.

3501 KEYSER AVE VILLA 51

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33021-2401

Country

BROWARD

Zip

33021-2401

Country

BROWARD

4. FEI Number

65-0076296

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 intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**FUKES, LINDA M. RPT
5421 POLK ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

LINDA M FUKES

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

3501 KEYSER AVE VILLA 51

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021-2401

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PSD

FUKES, LINDA M.

3501 KEYSER AVE., APT. #51

HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Linda M. Fukes (LINDA M. FUKES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/95 4072208126
Date Daytime Phone #