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

DOCUMENT # K46021 (7)

1. Corporation Name
JAMES R. TUCKER, INC.

Principal Place of Business
2200 W. COMMERCIAL BLVD., SUITE 303
FORT LAUDERDALE FL 33309

Mailing Address
2200 W. COMMERCIAL BLVD., SUITE 303
FORT LAUDERDALE FL 33309

2. Principal Place of Business	2a. Mailing Address
21 3696 N. Federal Highway	26 3696 N. Federal Highway
Suite, Apt. #, etc. 22 Suite #203	Suite, Apt. #, etc. 27 Suite #203
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33308 Country 25 USA	Zip 29 33308 Country 30 USA

3. Date Incorporated or Qualified: 11/17/1988
3a. Date of Last Report: 04/18/1995
4. FEI Number: 65-0125753 ☐ 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

JAMES E. GLASS ASSOCIATES
6161 BLUE LAGOON DRIVE
SUITE 350
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPV	☐ DELETE
NAME	TUCKER, JAMES R.	
STREET ADDRESS	4900 N. OCEAN BLVD #508	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	☐ DELETE
NAME	TUCKER, JAMES R.	
STREET ADDRESS	4900 N. OCEAN BLVD 3508	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	200001874002	☐ Change ☐ Addition
5.2 NAME	-06/25/96--01005--003	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	100001874001	☐ Change ☐ Addition
6.2 NAME	-06/25/96--01005--002	
6.3 STREET ADDRESS	***8.75	
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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1 1996 — Date

954-566-9899 — Daytime Phone #

CR2E034 (12/95)