


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # K46021 (7)</b> 1. Corporation Name <b>JAMES R. TUCKER, INC.</b>		



Principal Place of Business <b>3696 N. FEDERAL HIGHWAY SUITE #203 FORT LAUDERDALE FL 33308</b>	Mailing Address <b>3696 N. FEDERAL HIGHWAY SUITE #203 FORT LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5353 N. Federal Highway</b> Suite, Apt. #, etc. 22 <b>Suite #210</b> City & State 23 <b>Ft. Lauderdale, FL</b> Zip 24 <b>33308</b>		2a. Mailing Address 26 <b>5353 N. Federal Highway</b> Suite, Apt. #, etc. 27 <b>Suite #210</b> City & State 28 <b>Ft. Lauderdale, FL</b> Zip 29 <b>33308</b>		3. Date Incorporated or Qualified <b>11/17/1988</b>	
4. FEI Number <b>65-0125753</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>JAMES E. GLASS ASSOCIATES 6161 BLUE LAGOON DRIVE SUITE 350 MIAMI FL 33128</b>	

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	NAME		TUCKER, JAMES R.	
STREET ADDRESS	4900 N. OCEAN BLVD #508	CITY-ST-ZIP		FT. LAUDERDALE FL	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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14. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/98  
Date

(954) 267-9455  
Daytime Phone # 0304809

CR2E034 (10/97)