## 5-27-48 B7846 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P92000001543 (7)

KEN TUCKER, INC.

Principal Place of Business Mailing Address	
	81111 <b>83888</b> 3111 3 <b>84</b> 1
9730 DUNHILL DRIVE         P. O. BOX 4507           MIRAMAR FL 33025         MIAMI LAKES FL 33014           US         DO NOT WRITE IN THIS SPACE	<u> </u>
3. Date incorporated or Qualified 11/03/1992	
2, Principal Place of Business 2a. Mailing Address 4, FEI Number	Applied For
21 SAME 26 SAME 65-0365012	
Suite, Apt. #, etc. Suite, Apt. #, etc. \$ Cortificate of Status Desired \$8	.75 Additional
[22] [27]	ee Required
	.00 May Be
Zip Country Ziμ Country 8. This corporation owes or has paid the current ve	
24 25 29 30 Personal Property Tax due June 30. X Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
CULLEN, JOHN T 81 Name SAME	
7411 MIAMI LAKES UHIVE 82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI LAKES FL 33014	
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 change	aina its reaistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	int as registered
SIGNATURE	
Signature, typed or product acree of registered agent and titled agent cable. (NOTE Registered Agent signature required when reinstating) DATE  12. OF FIGERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	OTODS IN 40
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE DELETE 1.1.1 TITLE	
NAME TUCKER, TUCKER 1.2 NAME	
STREET ADDRESS 9730 DUNHILL DRIVE 1.3 STREET ADDRESS	
CITY-ST-ZIP MIRAMAR FL 14 CITY-ST-ZIP	
	ange Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-SI-ZIP 2.4 CITY-S1-ZIP	
TITLE STATE SALE SALE SALE SALE SALE SALE SALE SAL	ange 🔲 Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	j
CITY-S1-ZIP 3.4. CITY-S1-ZIP	
[ ▼	anno I taldition
TITLE 4.1 TITLE 4.1 TITLE Ch	ange Addition
NAME 4. 2 NAME	ange Addition
NAME  STREET ADDRESS  4. 2 NAME  4. 2 NAME  4. 3 STREET ADDRESS	ange Addition
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP	ange Addition
NAME	
NAME	
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 City-St-ZiP           THILE         DELETE         5.1 Title         □ Ch.           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS	
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 City-S1-ZiP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS	ange Addition
NAME	ange Addition
NAME	ange Addition

14. 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 early, 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 KEN TUCKER

Kon Tucker

4/28/98 954 430 3385

**FILED** 

May 27 1998 8:00am

Secretary of State