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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT (Sandra B. Mortha Secretary of State DIVISION OF CORPORA TIONS

1996

DOCUMENT # 1. Corporation Name	P93000083067	(3)
TUCKER TOWN, INC	•	

TUCKER	TOWN, (NC.	. <u>.</u>							
Principal Place of Business 920 TOWN HALL AVE.			•	Mailing Address 920 TOWN HALL AVE. JUPITER FL 33458						
JUPITER FL 33458						3. Date Incorporated or Qualified 11/29/1993 3a. Date of Last Rep 05/01/1995			3 5	
	- I Dusings		2a	Mailing Address			4. FEI Number		⊢ +	Applied For
	2. Principal Place of Business		26	├ ─┐ *			65-0447421 Not Applic \$8.75 Addition			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Required	
22			27				6. Election Campaign Financing			May Be
City & State		 -	-	City & State			Trust Fund Contribution Added to Fees			-
23			28	Zip	Country		8. This corporation has liability for	intangible ta	cunder s	199.032,
Zip	}	Country	29		30			□No		
24	Q Name	25 and Address of Current		stered Agent		,	10. Name and Address of New F	tegistered P	gent	
	S. Italiio				81					
TUCKER,	SANDRA				B2	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
100NEN	WATER C	IRCLE			83					
JUPITER	FL 33458				63					
					84			FL	1	lip Code
				Too Florida Statutos	the above-	named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app		inging its	registered office
or registere familiar with	h, and acce	pt the obligations of, Sect	ion 60	07.0505, Florida Statules 				DATE		
SIGNATURE	Signature typeo	or printed name of registered agric	and the	21 414 1164600	Register (Age	nt signature require	ed when revisitativity' ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
12.		OFFICERS AN	D DIP	DELETE	1 1 LE					Addition Addition
TITLE	D	- 414/0004		- Differe	1 2 1 ME					
NAME	TUCKE	R, SANDRA			1.3 9 EE	T ADDRESS				
STREET ADDRESS	144 ST	ILLWATER CIRCLE			1.4 0/-	ST-ZIP				
CITY - S1 - ZIP	JUPITE	R FL 33458		☐ DELETE	2 1 LE			[Change	Addition
TITLE					2 2 NE					
NAME					23\$€	T ADDRESS				
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TIFLE NAME					32 N	LT ANDOSSES				
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NAME						1 ADDRESS				
STREET ADDRESS	s				1	ST-ZIP				
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NAME					53	ST ADDRESS				
STREET ADDRES	SS				54	S1 - Z IP				
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TITLE					6.2	ļ				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and and 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 and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report as required by Chapter 607, Florida Statutes; and that my name oath; that I am an officer or director of the corporation or the receiver or trustee empoyl 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.

6.3 EL ADDRESS

NAME