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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000066570

Principal Place of Business

NAME

STREET ADDRESS CITY-ST-ZIP

TUCKER DATA SERVICES, INC.

| 2263 NW BOCA RATON BLVD. STE 205 BOCA RATON FL 33431 | | 2263 NW BOCA RATON BLVD. STE 205 BOCA RATON FL 33431 | | | DO NOT WRITE IN THIS | SPACE | | |
|---|---|---|-------------|------------------------|--|---|-------------|------------------|
| | | | | | | 3. Date Incorporated or Qualifed 08/28/1995 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | _ | | 4. FEI Number | | Applied For |
| · · | | 26 | | | | 65-0604000 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | \$8.7 | 5 Additional |
| 2 | • | 27 | | | | 5. Certifcate of Status Desired | Fed | e Required |
| City & State | e | City & State | | | | 6. Election Campaign Financing | \$5 | 00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | ded to Fees |
| Zip | | | | ntry | | 8. This corporation owes the current year in | tangible | |
| 24 | 25 29 30 | | | Personal Property Tax. | | | | |
| | 9. Name and Address of Cu | | | | | 10. Name and Address of New Registered | Agent | |
| | <u> </u> | | | 81 | Name | <u> </u> | | |
| MUL | LIN, JAMES G | | | Ш | | | | |
| 2263 NW BOCA RATON BLVD. STE 205 | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| BOCA RATON FL 33431 | | | | 83 | | | | |
| | | | | | | | _ | |
| | | | | 84 | City | FL | 85 | Zip Code |
| 14 Durement | to the provisions of Sections 607 | 0502 and 607 1508 Florida Statu | ites the at | bove-r | named corn | poration submits this statement for the purpose of | changing | g its registered |
| office or re | egistered agent, or both, in the St m familiar with, and accept the ob | ate of Florida. Such change was : | authonzed | i by th | e corporati | on's board of directors. I hereby accept the appo | intment d | is registered - |
| SIGNATURE | | | | | | ort when reinstating) DATE | | |
| | | | | Agent s | ignature require | ad when reinstating) ADDITIONS/CHANGES TO OFFICERS A | ID DIDE | CTODE IN 12 |
| 12. | | DELETE | 13. | <u> </u> | $\overline{}$ | ADDITIONS/CHANGES TO OFFICERS A | Chai | |
| TITLE | D STEPLIEN | beceive | | | - | | C_ 0 | |
| NAME | TUCKER, STEPHEN | I OTE AND | 1.2 NA | | | • | | ļ |
| STREET ADDRESS | 2263 NW BOCA RATON BL | VD. STE 205 | | | DDRESS | | | 1 |
| CITY-ST-ZIP | BOCA RATON FL 33431 | | | TY-ST-Z | ZIP . | | [7.6] | |
| TITLE | | ☐ DELETE | 2.1 111 | LLE | - | | . 🔲 Char | nge |
| NAME | | | 2.2 NA | ME | | | | |
| STREET ADDRESS | | | 2.3 57 | REETA | DORESS | | | 1 |
| CITY-ST-ZIP | | | 2. 4 CI | TY-ST- | ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TII | πE | | | Char | nge 🗌 Addition |
| NAME | | | 3.2 NA | ME | 1 | | | 1 |
| STREET ADDRESS | | | 3.3 ST | REETA | DDRESS | | | Į |
| CITY ST-ZIP | | | 3.4 CI | ITY-ST- | ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TIT | | | | Char | nge Addition |
| NAME | | | 4 2 N/ | AME | | | |] |
| STREET ADDRESS | | | | | DORESS | | | 1 |
| CITY-ST-ZIP | | | 1 | TY-ST-2 | - 1 | | | 1 |
| TITLE | | ☐ DELETE | 5.1 TIT | | | | ☐ Char | nge 🔲 Addition |
| NAME | | | 5.2 NA | | | | | |
| | | | | | DDRESS | • | | |
| STREET ADDRESS | | | | TY-ST-2 | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TIT | | LIF | ······································ | Char | nge Addition |
| TITLE | | CI DECETE | - 1 | | 1 | | | igo [] Addition |
| NAME | · · | | 6.2 NA | WIL | - 1 | | | |

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, with all other like empowered. STEAMEN. D. TUCKER

6.3 STREET ADDRESS

301-590-0453

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90205 010 ***150.00