PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	MENT # V742	60						
TUCK	ISH ENTERPRI	SES, INC	•					
Principal Place 430 S.I POMPANO	of Business E. 15 Ave. D BEACH, FL.:			. 15 Ave. BEACH,FL 33060	3. Date Incorporated or Qualified 10/26/92	3a. Date of La		
2. Principal Pla	ce of Business	├ 1	failing Address		4. FEI Number	03/01/	Applied For	
21 Suite, Apt #	, etc.	[26] S	iuite, Apt. #, etc		65-0363851	\$ 5	Not Applicab 3.75 Additional	ole
22		27		·- ·· ······	5. Certificate of Status Desired	Li .	Fee Required	
Oity & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$	5.00 May Be	
Zip 24	Country 25 9. Name and Address of	29	ip	Country 30	This corporation has lability for in Florida Statutes Yes Name and Address of New Re	□No		
9726 V	, ANTHONY J. V. SAMPLE RD. SPRINGS, FL			 81 Name 82 Street Add 83 84 City 	ress (P.O. Box Number is Not Acceptabl	FL 85	Zip Code	
familiar with	o the provisions of Sections 6 ad agent, or both in the State i, and accept the obligations	e of Heiida, Shch d of, Section 607.05	hange was authorize 05, Florida Statutes.	s, the above named corpord by the corporation's boat. Fooderal Apol signature reprint	ration submits this statement for the purp rd of directors. Thereby accept the appo	nose of changing intrnent as regis	its registered offi tered agent. Lam	
12.	OFFIC	ERS AND DIRECTO	ORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRE		2/95
NAME STREET ADDRESS	PD TUCKISH, DO 430 S.E. 15		□ DECETE	1 1 TIGE 12 NAME 13 STREET ADDRESS		Vv ∐ Cha	inge 🔲 Addition	2E034 (12/95)
CITY-ST-ZIP	POMPANO BEA	CH, FL.		14 C(IY - ST - Z P	4.5	*		100
NAME SIREET ADDRESS	VD BENSON, BAR	RBARA A.	□ DELETE	2 1 THE 22 NAME 23 STREET ADDRESS		☐ Cha	irge 🔲 Addition	٥
CITY-ST-ZIP	430 S.E. 15 POMPANO BEA			2.4 CiTy - \$1 - ZiP				
NAME STREET ADDRESS	FUNFANU DEA	ion,rL	[] DELERE	3 1 Till: 3 2 NAME 3 3 STREET ADDRESS		☐ Cha	nge 🔲 Addition	1
CITY-ST-21F			·-··	3.4 City - St - Zif				
TITLE NAME			☐ DELETE	4 1 THELE 4 2 NAME		☐ Cha	inge 🔲 Addition	•
STREET ADDRESS				4.3 STREET ASURESS				
CITY - ST - ZIP TITLE			☐ DELETE	4.4 CHY - ST - ZIP	سر رسو ہے اسم رسم رسم سے			
NAME			[] Deter	5 1 TITLE 5 2 NAME	50000182 -05/20/96010		nge 🔛 Addition	
STREET ADDRESS				5 3 STREET ADDRESS	***200.00			
CHTY-S*-ZIP TIFLE			□ Decere	5.4 CITY - ST - 7IP 6.1 TITLE		[□] Cha	nge 🔲 Addition	
NAME			<u></u>	6.2 NAME				7
STREET ADDRESS				6.3 STREET ADDRESS			CIC	
14. I do hereby	certify that the information se	apphed with this filir	ng is voluntarily furnis	■ 64 0/TY-ST-7/P thed and does not qualify f	or the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. I further	b
certify that	the information indicated on t	this annual report o	r Suppisatentai annu.	al report is true and accura	ite and that my signature shall have the s is report as required by Chapter 607, Flo	arue lensi effect	as if prode under	.
oath; that i appears in	Block 12 or Block 13 if chang	ged or on an attact	hment with an aridre	ss.	o report to required by the representatives	ios Statutes, an	or trial my harne	