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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J04490 (5)
1. Corporation Name
M. D. STANDLEY INVESTIGATIVE SERVICES, INC.



Principal Place of Business Mailing Address
5742 W. HALLANDALE BCH BV HOLLYWOOD, FL. 5742 W. HALLANDALE BCH BV HOLLYWOOD, FL.
P.O. BOX 8123 (PEMBROKE PINES, FL. P.O. BOX 8123 (PEMBROKE PINES, FL.
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2645728	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent STANDLEY, MICHELLE L. 5634 S.W. 114 AVENUE COOPER CITY FL 33330		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
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 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 *Michelle L. Standley* MICHELLE L. STANDLEY REG. AGENT 4/28/98
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	DIRECTOR
NAME	STANDLEY, MELVIN D.	12 NAME	STANDLEY, MELVIN D.
STREET ADDRESS	5634 SW 114 AVE	13 STREET ADDRESS	5634 S.W. 114TH AVE.
CITY-ST-ZIP	COOPER CITY FL	14 CITY-ST-ZIP	COOPER CITY, FLORIDA 33330
TITLE		21 TITLE	PRESIDENT/DIRECTOR
NAME		22 NAME	STANDLEY, MICHELLE L.
STREET ADDRESS		23 STREET ADDRESS	5634 S.W. 114TH AVE.
CITY-ST-ZIP		24 CITY-ST-ZIP	COOPER CITY, FLORIDA 33330
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 *Michelle L. Standley* MICHELLE L. STANDLEY 4/28/98

CR2E034 (10/97)