FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11: 16

DOCUMENT # P94000009955 (3)

1. Corporation Name

IAN POLLACK INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
~~% HUGHES & SILVERS~~	~~% HUGHES & SILVERS~~
~~1141 KANE CONCOURSE~~	~~1141 KANE CONCOURSE~~
BAY HARBOR ISLANDS FL 33154	BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o HUGHES SILVERS + GLASSMAN	26 c/o HUGHES SILVERS + GLASSMAN
Suite, Apt. #, etc. 22 1140 KANE CONCOURSE - 5th FLR	Suite, Apt. #, etc. 27 1140 KANE CONCOURSE - 5th FLR
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

4. FEI Number: 65-0464359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILVERS, ROBERT H	81 Name
~~HUGHES & SILVERS~~	82 Street Address (P.O. Box Number is Not Acceptable) c/o HUGHES SILVERS + GLASSMAN
~~1141 KANE CONCOURSE~~	83 1140 KANE CONCOURSE - 5th FLR.
BAY HARBOR ISLANDS FL 33154	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 ______________________________ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	POLLACK, IAN	12 NAME	
STREET ADDRESS	~~1141 KANE CONCOURSE~~	13 STREET ADDRESS	c/o HUGHES SILVERS + GLASSMAN
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	14 CITY-ST-ZIP	1140 KANE CONCOURSE - 5th FLR
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] 2-7-95 (305) 430-7121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0103044 CP