FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000009955 (3)**

1. Corporation Name

IAN POLLACK INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
C/O HUGHES SILVERS & GLASSMAN 1140 KANE CONCOURSE 5TH FLR BAY HARBOR ISLANDS FL 33154 US	C/O HUGHES SILVERS & GLASSMAN 1140 KANE CONCOURSE 5TH FLR BAY HARBOR ISLANDS FL 33154 US

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business	2a. Mailing Address
21 20290 N.W. 4 STREET	26 20290 NW 4 STREET
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 PEMBROKE PINES, FL	City & State 28 PEMBROKE PINES, FL
Zip 24 33029	Zip 29 33029
Country 25 BROWARD	Country 30 BROWARD

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

SILVERS, ROBERT H
C/O HUGHES SILVERS & GLASSMAN
1140 KANE CONCOURSE- 5TH FLR
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name: IAN H. POLLACK
82 Street Address (P.O. Box Number is Not Acceptable): 20290 N.W. 4 STREET
83
84 City: PEMBROKE PINES, FL 85 Zip Code: 33029

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: [signature] IAN H. POLLACK 1-29-96
Signature, type or print name of registered agent and the date. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	POLLACK, IAN	1.2 NAME	IAN POLLACK
STREET ADDRESS	1140 KANE CONCOURSE 5TH FLR	1.3 STREET ADDRESS	20290 NW 4 STREET
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: [signature] Beeper 1-29-96 (954) 730-2589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #