

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V36683** (3)

1. Corporation Name

RGS INVESTIGATIONS, INC.

Principal Place of Business

**330 ALHAMBRA CIRCLE
FIRST FLOOR
CORAL GABLES FL 33134
US**

Mailing Address

**330 ALHAMBRA CIRCLE
FIRST FLOOR
CORAL GABLES FL 33134
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**SEAWARD, ROBERT G
330 ALHAMBRA CIRCLE
FIRST FLOOR
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

01/23/1995

4. FL Number

65-0336331

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.061(2) and 607.150(1), 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 607.061(2), Florida Statutes.

SIGNATURE

Signature of person to be appointed as registered agent

Signature of person to be appointed as registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME **D SEAWARD, ROBERT G**
STREET ADDRESS **330 ALHAMBRA CIRCLE**
CITY, ST, ZIP **CORAL GABLES FL**

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

10. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

SIGNATURE:

Robert G. SEAWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 (305) 446-5393

DATE

TELEPHONE NUMBER

CR2E034 (12/95)