FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300004556 (5)

MYERS INVESTIGATIVE CONSULTANTS, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					#114 # #111 ## 111 (1166 1611 ELLEN 1611	(18 8(1) (88)		
GULFSTREAM BUILDING 9751 W. BROWARD BLVD SUITE 206 9751 W. BROWARD BLVD SUITE 206											
PLANTATION		8751 W. BROWARD BLVD., SUITE 206 PLANTATION FL 33324 US				DO NOT WRITE IN THIS SPACE					
U\$. 2 40-21				3. Date Incorporated or Qualified						
						01/14/1993					
	lace of Business	2a. Mailing Address			a . 1	4. FEI Number		Ar	oplied For		
21 8751	W. Broward Blud.		ware	1 .	DING	65-0395319					
Suite, Apt.	#, e1c. LAC	Suite, Apt. #, etc.				5. Certificate of Status Desired					
City & State	<u> </u>	27 # 109 City & State				6. Election Campaign Financing					
23 +1.	auderdale,72		landerdyle, 71			Trust Fund Contribution					
Zip	Country	Zip Country				8. This corporation owes or has p	aid the curr				
24 3 33			30 L	Σ_1	<u> </u>	Personal Properly Tax due Jun	e 30.	Yes [
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent			
	ERS, THOMAS C			81	Name						
8751 W BROWARD BLVD					Street Add	ress (P.O. Box Number is Not Acceptable)					
STE 206 PLANTATION FL 33324				B 3							
	11,11,1011 1 2 3002 1			84	City			85 Zip	Code		
<u>.</u>					•		<u> FL</u>				
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									poplied For on Applicable Additional equired May Be to Fees tangible No No No No No No No N		
12,	Signature, typed or printed name of registered agent OF FICERS AND		Registered	1 Ager	nt skynature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE CEDS AND	DIRECTO	26 IN 13		
TITLE	D	DELETE		TLE		ADDITIONS/CHANGES TO OFF	CENS AND	Change			
NAME	MYERS, THOMAS C.	-	1.2 NA	ME	ĺ		,	_ •			
STREET ADDRESS	16 CHESTNUT CIRCLE		13 ST	HEET :	ADDRESS						
CITY-ST-ZIP	COOPER CITY FL	1.4 C			T-21P						
TITLE		DELETE	2.1 TIT	ILE				Change	Addition		
NAME			2.2 NA	ME	1						
STREET ADDRESS			2.3 ST	REET	address [
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NAME			4.2 N								
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NAME		F-1 0000 UE	6.2 NA		}		ı	- onengo			
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			6.4 CI		1						
	ertify that the information supplied with	this tiling does not qualify for				n Section 119 07(3)(i) Florida Statutes	I further cer	ify that the	information		

Indicated on this annual report or supplied with mis ming does not quality for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the informatio 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 of 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:

4124198