

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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 194719 (1)
1. Corporation Name
SOUTH FLORIDA DETECTIVE BUREAU INC



Principal Place of Business 1401 NE 117 ST RESINEUCE OFFICE MIAMI FL 33161 US	Mailing Address 1401 NE 117 ST RESINEUCE OFFICE MIAMI FL 33161 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1401 NE 117 ST Suite, Apt. #, etc. 22 SAME RES OFF City & State 23 MIAMI, FL Zip 24 33161	2a. Mailing Address 25 1401 NE 117 ST Suite, Apt. #, etc. 26 SAME RES OFF City & State 27 MIAMI, FL Zip 28 33161
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3. Date Incorporated or Qualified 07/20/1956	4. FEI Number 59-1940963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent POLENO, WILLIAM 1401 N.E. 117 STREET MIAMI FL 33161 JAMIE POLENO, PRES	10. Name and Address of New Registered Agent 81 Name JAMIE J. POLENO, PRES 82 Street Address (P.O. Box Number is Not Acceptable) 1401 NE 117 ST 83 RES OFFICE 84 City MIAMI, FL 85 Zip Code 33161
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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: *Jamie J. Poleno* DATE: 3-11-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME POLENO, JAMIE J STREET ADDRESS 1401 N.E. 117 STREET CITY-ST-ZIP MIAMI FL 33161	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME POLENO, WILLIAM STREET ADDRESS 1401 N.E. 117 STREET CITY-ST-ZIP MIAMI FL 33161	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jamie J. Poleno*

CP2E034 (10/97)