FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:17

DOCUMENT # 756764 (7)

1. Corporation Name

SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3328 N.E. 34TH STREET FORT LAUDERDALE FL 33308	3328 N.E. 34TH STREET FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1981
3a. Date of Last Report: 04/08/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COHEN, MICHAEL
3328 N.E. 34TH STREET
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 605.0502 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] 2-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, MICHAEL	1.2 NAME		
STREET ADDRESS	3328 N.E. 34TH STEET	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	FRANCO, ROBERT	2.2 NAME	KLIPPERMAN, EDWARD	
STREET ADDRESS	600 S. ANDREWS AVE. #403	2.3 STREET ADDRESS	3328 NE 34 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Ft Laud FL 33308	
TITLE	S	3.1 TITLE	S	☑ Change ☐ Addition
NAME	MCMAHON, RORY J	3.2 NAME	MICHAELS, MARIETTA	
STREET ADDRESS	1317 N.E. 4TH AVENUE #200	3.3 STREET ADDRESS	1825 N. COMMERCIAL BLVD # 125	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	Ft Laud FL 33309	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, SUSAN L	4.2 NAME		
STREET ADDRESS	3328 N.E. 34TH STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	SEITZ, ROBERT	5.2 NAME	LUCAS, DOUGLAS E, SR	
STREET ADDRESS	3328 N.E. 34TH STREET	5.3 STREET ADDRESS	3328 NE 34 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	Ft Laud FL 33308	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DEPONTE, JOSEPH	6.2 NAME		
STREET ADDRESS	5722 S. FLAMINGO ROAD #102	6.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33330	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-8-95 305-568-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048702