

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90017 020 ****61.25

DOCUMENT # 756764

1. Corporation Name

SOUTH FLORIDA INVESTIGATORS ASSOCIATION, INC.

Principal Place of Business

1885 W. COMMERCIAL BLVD. #125
FORT LAUDERDALE FL 33309

Mailing Address

P.O. BOX 891
FORT LAUDERDALE FL 33302



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/13/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

25

29

30

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVEY, JOHN H
14370 68 DRIVE NORTH
PALM BEACH GARDENS FL 33418

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETION
P	LEVEY, JOHN H	14370 68 DRIVE NORTH	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>
VP	CRISCELLA, LOU	1885 W. COMMERCIAL BLVD, #125	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
S	MICHAELS, MARIETTA	1885 W. COMMERCIAL BLVD, #125	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
T	CASEY, SHIRLEY	2318 DEER CREEK TRAIL	DEERFIELD BEACH FL 33442	<input type="checkbox"/>
D	PIETSCH, KENT	3717 S. DIXIE HWY. #1	WEST PALM BEACH FL 33405	<input type="checkbox"/>
D	LEDEE, OTTO	10097 CLEARY BLVD. #318	PLANTATION FL 33324	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
D	Mc ARDLE, Ed	5260 NW 55 Blvd	Coconut Creek, FL 33073	D	WHELAN, Thomas	1885 W. Commercial Blvd. #125	Fort Lauderdale, FL 33309																

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marjorie L. Kirschner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

(954) 771-6900

CR2E037 (1/98)