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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F84217

(1)

ALL-FLORIDA INVESTIGATORS, INC.

Principal Place of Business Mailing Address 1950 SW 27 AVENUE 1950 SW 27 AVENUE MIAMI FL 33145 MIAMI FL 33145					·	,						
							3. Date In 06/07	corporated or Qua		ate of Last Re/ /10/1996	eport	
2. Principal Place of Business			2a. Mailing Address				4. FEI Nu		······	Ap	plied For	
21			26				59-2	833628			t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certific	ate of Status Desir	ed 🔲	\$8.75 A			
City & State			27			e Floatio	n Campaign Finan	-ino	\$5.00			
23			28			l l	n Campaign Finan und Contribution	cing	Added t	•		
Zip	Cour		Zip	Coun	ntry			rporation has liabi				
24	25	29		30	-			Statutes		No	. ,	
	9. Name and Add	iress of Current Regis	stered Agent	I			10. Name	and Address of N	ew Registered	Agent		
KOP	PLOW, RONALD C	,		[4	81	Name						
1950 SW 27 AVENUE					82	Street A	Address (P.O. Box	Number is Not Ac	ceptable)	<u> </u>		
MIAMI FL 33145												
				<u> </u>	63					•	i	
				ļī,	84	City				85 Zip (Code	
								. 946.	Fl			
office or r	egistered agent, or bi	ections 607.0502 and toth, in the State of Flor	ida. Such change wa	s authorized	i by t	named he corp	corporation submi poration's board of	directors. I hereby	r the purpose accept the ap	or changing it pointment as	s registered registered	
agent. La	im tamiliar with, and a	ccept the obligations of	of, Section 607.0505,	Florida Statu	ites.	-	. 1 17	. j.)		
SIGNATURE	Plant and the state of the stat	ame of registered agent and till	f controls a	Ote Senistrand	Agont	e-constitute	required when reinstating		DATE		****	
12.	Signatura, type a or printed na	OFFICERS AND DIRE		13.	Agent	s grature		ONS/CHANGES TO		ID DIRECTOR	RS IN 12	
TITLE	P	0.000	DELETE	1.1 TITL	LE					Change	Addition	
NAME	KOPPLOW, RON	ALD C.		1.2 NA	ME	1						
STREET ADORESS	1950 SW 27 AVE	NUE		13 STR	REET A	DDRESS						
CHTY-ST-ZIP	MIAMI FL			1.4 0/1	Y-ST-	ZIP						
TITLE	VP		DELETE	2.1 TIT	LE					Change	☐ Addition	
NAME:	FLYNN, CHARLE			2.2 NA	ME							
STREET ADDRESS	1950 SW 27 AVE	ENUE		2.3 STR	REET A	DDRESS						
CITY - ST - ZIP	MIAMI FL			2. 4 CI	TY-ST	- ZIP						
TITLE	8	A	☐ DELETE	3 1 7170	LE	[L Change	Addition	
NAME	FLYNN, CHARLE			3.2 NA								
STREET ADDRESS	1950 SW 27 AVE			1		DDRESS						
CITY - ST - ZIP	MIAMI FL		T on eve	3.4 CI		- <u>ZIP</u>				T 1 04	Addistan	
T T { 			DELETE	4.1 711						L Change	Addition	
NAME				4. 2 NA			,	•				
STREET ADDRESS				1		DDAESS						
CLAA-21-515			DELETE	4.4 C(T 5.1 T)T		- ZIP				Change	Addition	
NAME			المال المال	5.1 HII						- Sidings		
STREET ADDRESS						DDRESS					1	
CITY - ST - ZIP)			5.4 CIT			1					
TITLE			DELETE	6.1 TIT		t-H				Change	Addition	
NAME			-	6.2 NA			ì			, *		
STREET ADDRESS						DDRESS					ı	
City-S1-ZiP				6.4 CIT								

14. I do 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 13 if manged, or or an attachment with an address. SIGNATURE:

FILED

Jan 29 1997 8:00am

Secretary of State

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