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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F95000002467

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90037 020 \*\*\*150.00

1. Corporation									
ACCURA	TE DETECTIVE AGENCY, IN	IC.							
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Principal Place	e of Business	Mailing Address			İ	11991(25 1115 1919) 51111 56111			
PO BOX 6847 PO BOX 6847					ļ				
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6. Defendant D		2a. Mailing Address				Number		- 1 Δ	pplied For
<u> </u>	ace of Business	<b>⊢</b> ¬ •	٠,٠/٠٠		1	0475850			ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
	m, etc.	27		and the same of th	5. Cert	fcate of Status Desired		•	equired
City & Stat	A	City & State			6. Fied	tion Campaign Financing		\$5.00	May Be
23		28	1000	•		t Fund Contribution	, <sub>□</sub>		to Fees
Zip /	Country	Zip /	Countr	y	8. This	corporation owes the cu	лтепt year In	tangible	
24	25	29	30		Pers	onal Property Tax.		Yes	□No _
<del></del>	9. Name and Address of Current				10. Nan	e and Address of New	Registered	Agent	
			81	Name		a rimma			
	RK, CHARLES D		82	Street Ad	Idress (P.O. F	ox Number is Not Accer	table)	- m	
	MILL RUN CR.		"	- Jueur Au	101633 (1 .O. E				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statu	utes, the above	/e-named co	orporation sub	mits this statement for the	e purpose of	f changing it intment as r	s registered egistered
11. Pursuant office or r agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was ions of, Section 607.0505, Fl	authorized by Iorida Statute	y the corpora	ation's board (	or directors. Thereby acc	ept the appo	f changing it intment as r	s registered egistered
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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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

1/99 800-841-121

Daytime Phone #