

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H94564 (2)**

1. Corporation Name
MID-FLORIDA INVESTIGATIONS, INC.



Principal Place of Business: **651 SHERWOOD DR. ALTAMONTE SPRINGS FL 32701 US**
Mailing Address: **P.O. BOX 150206 ALTAMONTE SPRINGS FL 32715-0206 US**

3. Date Incorporated or Qualified: **01/13/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2619670**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **495 E. SEMORAN Blvd**
22 **Suite 100**
23 **Casselberry**
24 **FL**
25 **Seminole**
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**POLLOCK, DOUGLAS F.
651 SHERWOOD DR.
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **495 E. SEMORAN Blvd.**
84 **Suite 100**
85 City **Casselberry** FL Zip Code **32707**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Doug Pollock, President* 4/8/96

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	POLLOCK, DOUGLAS F.	
STREET ADDRESS	651 SHERWOOD DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TOLEDO, RAFAEL JR.	
STREET ADDRESS	651 SHERWOOD DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	495 E. Semoran Blvd, Suite 100
1.4 CITY-ST-ZIP	Casselberry, FL 32707
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	495 E. Semoran Blvd., Suite 100
2.4 CITY-ST-ZIP	Casselberry, FL 32707
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(s), 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, 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: *Doug Pollock* 4/8/96 407-767-2557

CR2E034 (12/95)