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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90080 008 ***150.00

1, Corporatio	MENT # K56874 NVESTIGATIONS, INC.	4					
Principal Plac	e of Business	Mailing Address				11 W1811 81811 B1811 (11 B17 B18 11 18 B1
7522 N. 40 ST. TAMPA FL 33604 US		7522 N. 40 ST. TAMPA FL 33604			DO NOT WRITE IN T	HIS SPACE	
03		00			3. Date Incorporated or Qualifed		
					01/10/1989		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21					59-2922207	No	t Applicable
Suite, Apt. #, etc. Suite, Apt.					5. Certificate of Status Desired	\$8.75	
22		27				Fee Re	
City & State					6. Election Campaign Financing	\$5.00	
23 28 7			Country		Trust Fund Contribution	Added	o Fees
Zip 24	Country 25	Zip 29	30		This corporation owes the current year Personal Property Tax.	Yes	□No
24	g. Name and Address of Curre		30		10. Name and Address of New Register		
	5. Name and Adaress of Barre		81	Name	10,		
SHORT, PAUL R.			<u> </u>		(C.C. D. M		
7522 N. 40TH STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE B			83				
TAMPA FL 33604			24	07		as Zin (
			84	City	F	L 85 Zip (Joue
office or r	registered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by ida Statutes	the corporate	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as re	registered gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS			13.	it algitatore requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD DELETE		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	BONISH, BRIAN S.		1.2 NAME				
STREET ADDRESS	*** 554150 00554 00			FADDRESS			
CITY-ST-ZIP	DILLSBURG PA 17019		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	1			
STREET ADDRESS			2.3 STREET	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		C) per err	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		DELETE	5.1 TITLE 5.2 NAME			☐ Change	Addition
NAME			5.2 NAME	r ADDOESS			
STREET ADDRESS			5.4 CITY- S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-211		Change	☐ Addition
TITLE			6.2 NAME				
NAME	\			ı			

CITY-ST-ZIP 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adactive with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS