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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K82862

1. Corporation Name

ROYAL SPECIAL INVESTIGATIONS UNIT, INC.

Principal Place	e of Business	Mailing A	ddress				Ì					
% BRUCE GOT	rlieb	8200 W. S	8200 W. SUNRISE BLVD.									
125 N 46 AVE		C-6						DO NO	T WRITE IN THIS	SDACE	=	
HOLLYWOOD FI	L 33021-6601	PLANIATK US	PLANTATION FL 33322-5426				-	Date Incorporated or Q			_	
		US					1	04/24/1989	Janied			
0.00		2a. Mailin	a Address					FEI Number		- au	Ann	lied For
	ace of Business	\vdash	y Address							-	+	Applicable
21			Suite, Apt. #, etc.				+-	<u>58-1846757</u>		\$8		dditional
Suite, Apt. i	#, etc.	\vdash	<u>├</u>				5.	Certificate of Status Des	sired 🗀		e Rec	
City 8 State			City & State				-	Floring Compaign Fine	unaina			
City & State	•		 				1	Election Campaign Fina Trust Fund Contribution		,		May Be Fees
23 Zin	Country	28 Zip		Country				This corporation owes t			100 10	
Zip			<u>_</u>					Personal Property Tax.	ne current year inta	NA Yes	: [□No
24	25 9. Name and Address of Curre	29	3	<u> </u>				Name and Address of	New Registered			
	9. Name and Address of Corre	III Kegistereo A		81	l N	ame	10.	Marite and Address of	- TOW - TOWN - CO.			
COT	TLIEB, BRUCE M.											
	N 46 AVE		8			treet Addre	ss (P.	O. Box Number is Not	Acceptable)			
	LYWOOD FL 33021			02	├							
поц	11WOOD FL 33021			83	Į							
				84	С	ity			EI	85	Zip C	ode
											a ita	oniotoxod
office or re	to the provisions of Sections 607.056 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Suc	h change was auti	horized by	tne	med corpo corporation	ration n's bo	ard of directors. I hereb	y accept the appoir	tment	as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicab	le (NOTÉ R	egistered Age	nt sign	nature required	when re	einstating)	DATE			
12.		ND DIRECTORS		13.			A	ADDITIONS/CHANGES	TO OFFICERS AN			RS IN 12
TITLE	VST		☐ DELETE	1.1 TITLE						Ch	ange	☐ Addition
NAME	ST. AUBIN, ROBERT			1.2 NAME								
STREET ADDRESS	8200 W. SUNRISE BLVD. C-6			1.3 STREE	T ADD	RESS						
CITY-ST-ZIP	PLANTATION FL			1.4 C/TY-S	T-ZIP							
TITLE	V		☐ DELETE	2.1 TITLE						Ch	ange	Addition
NAME	RIFKIN, JERRY			2.2 NAME								
STREET ADDRESS	8200 W. SUNRISE BLVD. #C-	6		2.3 STREE	T ADD	RESS						
CITY-ST-ZIP	PLANTATION FL			2. 4 CITY-5		1						
TITLE	T E WY I WILL		☐ DELETE	3.1 TITLE		1				Ch	ange	☐ Addition
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREE	TADD	RESS						
1				3.4. CITY-S								
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE						Ch	ange	Addition
				4. 2 NAME								
NAME OTDEET ADODESS				4.3 STREE		nRESS						
STREET ADDRESS						ı						
CITY-ST-ZIP			DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP					☐ Ch	ange	Addition
TITLE				5.7 MAME						_	•	_
NAME				5.3 STREE	TADE	DRESS						
STREET ADDRESS				5.4 CITY-S								
CITY-ST-ZIP			□ nei ere	6.1 TITLE	1-41					☐ Ch	ange	Addition
TITLE			☐ DELETE	6.2 NAME		1					gc	
NAME					~ 400	NDEOC						
STREET ADDRESS				6.3 STREE								
i				64 CITY-S	T-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 attachment with an address, with all other like empowered.

2/1/99 954-476-2995

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)