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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # K8381 ST INVESTIGATIONS, INC	•	-					
Principal Place of Business  % PHILLIP D. HOBBS 2550 \$ PARK RD PEMBROKE PARK FL 33009		Mailing Address  2550 S PARK RD  PEMBROKE PARK FL US	2550 S PARK RD PEMBROKE PARK FL 33009					
US					3. Date Incorporated or Qualified 04/27/1989	3a. Date of Last 12/28/19		
2. Principal Pla	ace of Business	2a. Mailing Address		<del> </del>	4. FEI Number NOT APPLICABLE		Applied For	
Suite, Apt. #, etc.		Suite. Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Addition		Not Applicable  5 Additional	
2	, , , , , , , , , , , , , , , , , , , ,	27			5. Certificate of Status Desired		e Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be	
2 <b>3</b>   Zip	Country	28 Zip	Countr	у	8. This corporation has liability for	AUC	Added to Fees ✓e tax under s 199.032,	
<u>4</u>	25	29	30		Florida Statutes	No No		
	9. Name and Address of Curre	ent Registered Agent	8	Name	10. Name and Address of New I	Registered Agent		
LIADDO	HODDO DINILID D							
Hobbs, Phillip D. 2550 South Park Road			B	82 Street Address (P.O. Box Number is Not Acceptable)				
	KE PARK FL 33009		B	3			<del> </del>	
			B	4 City	•	85	Zip Code	
				<u> </u>	oration submits this statement for the pu	FL  °°		
SIGNATURE	h, and accept the obligations of, Sec Signature, typical or protect name of registered ago OFFICERS At	ncand trie if any # .able (N ND DIRECTORS		ent signature requir	ed when reinstaling) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIREC	TORS IN 12	
THEF	V	DELETE	1. 1 THE	:		☐ Chang	e 🔲 Addition	
NAMi	CRANE, JEFFREY WILLIAM		1.2 NAM					
STREET ADDRESS	2550 SO PARK RD PEMBROKE PARK FL			ET ADDRESS				
CHY-ST ZIP	P		2 1 Jills			Chang	e [ ] Addition	
NAME	HOBBS, PHILLIP	<b>-</b>	2.2 NAM				_	
SERE-1 ADDRESS	2550 SO PARK RD		2 3 S1RE	et address				
C IY-SI-ZP	PEMBROKE PARK FL	ETI DE CIC	2.4 CHTY			Chang	a	
NAME		DEFEIE	3 1 Till 3 2 NAM			Chang	e 🔲 Addition	
STREET ADDRESS				ET ADDRESS				
CITY ST-ZIP			3.4 C(TY					
101f	-	DELFTE	4 1 TI'L			Chang	e 🔲 Addition	
NAME			4.2 NAMI					
STREE: ADDRESS				ET ADDRESS				
CHTY-ST-ZIP		DELETE	4.4 CITY 5.1 TITU			Chang	e 🔲 Addition	
1i1.f NAME		Dettit	5 2 NAMI			C. cuard	- Li manion	
STREET LADORESS				ET ADDRESS				
Offy-SI-ZIP			5 4 CITY					
TIFLE		DELETE	6 1 T// L			☐ Chang	e 🔲 Addition	
NAMÉ			6 2 NAM	E				
STREET ADDRESS			6 3 STRE	ET ADDRESS				
CITY-S1-ZIP			6 4 Cily		for the exemption stated in Section 119	02/0///\ Florid - Ct-	A A - I E - Ab	

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)(k). 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.

SIGNATURE:

2-15-96 (54) 987-4801