Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90071 036 \*\*\*150.00

## 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

## DOCUMENT # **K93424**

1. Corporation Name

ESIM INVESTIGATIVE SERVICE, INC.

:						
Principal Place	e of Business	Mailing Address		i (####ff) pro reverse construction	1161 91911 91911 91911 91911 91	
C/O ELLIOT A.		C/O ELLIOT A. COHEN				
35203 THRILL H	fill RD.	35203 THRILL HILL RD.		SO MOT MOITE	IN THIS COACE	
EUSTIS FL 3273	36	EUSTIS FL 32726		DO NOT WRITE	IN THIS SPACE	
US				3. Date Incorporated or Qualifed		
				06/05/1989		olied For
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number	<u> </u>	Applicable
21 5/2	t Mt	26		59-2959287	\$8.75 A	
Suite Apt.	#, etc.	Suite, Apt. #, etc.		-5. Certifcate of Status Desired	Fee Red	
22 City 8 Stat	_	City & State		6. Election Campaign Financing	\$5.00	May Re
City & State	e	<b>⊢</b>		Trust Fund Contribution	Added to	
7in	Country	Zip	Country	8. This corporation owes the curren		
Zip			30	Personal Property Tax.	Yes	MNo
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Reg		
1	9. Name and Address of Curren	it Kegistered Agent	81 Name	.10	<u> </u>	
COH	ien, elliot a.			N/4	<del></del>	
	3 THRILL HILL RD.		82 Street Add	ress (P.O. Box Number is Not Acceptable	<del>e</del> )	Į
	TIS FL 32726		83			$\overline{}$
,						
			84 City		FL 85 Zip C	Code
1	4. #	2 and 607 1509 Florida Statute	e the shove-named corr	poration submits this statement for the pu	mose of changing its	registered
11. Pursuant	registered agent or both in the State	of Florida, Such change was au	itnorized by the computati	on's board of directors. I hereby accept t	he appointment as reg	gistered
onice or r						
agent. I a	im familiar with and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes.		1/10/99	
agent. I a	alest a life	tions of, Section 607.0505, Flor	L. Colen	<u> </u>	1/19/99 DATE	
agent. I a SIGNATURE	Signature, typed or printed name of registered age	tions of, Section 607.0505, Flor at and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)		
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: