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Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L39857 (2)  
1. Corporation Name  
SHADOW INVESTIGATIONS & SERVICES, INC.



Principal Place of Business  
5701 N. PINE ISLAND ROAD  
TAMARAC FL 33321

Mailing Address  
5701 N. PINE ISLAND ROAD  
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 7130 NOB HILL RD  
Suite, Apt. #, etc.  
22  
City & State  
23 TAMARAC FL  
Zip Country  
24 33321 25 UGA  
26 7130 NOB HILL RD  
Suite, Apt. #, etc.  
27  
City & State  
28 TAMARAC FL  
Zip Country  
29 33321 30 USA

3. Date incorporated or Qualified  
01/03/1990  
4. FEI Number  
65-0157108  
Applied For  
Not Applicable  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SJOGREN, PAUL DAVID  
5701 N. PINE ISLAND ROAD  
TAMARAC FL 33321

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
7130 NOB HILL RD  
83  
84 City TAMARAC FL 85 Zip Code 33321

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name, of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SJOGREN, PAUL DAVID	11130 NW 38 PL	SUNRISE FL	<input type="checkbox"/>
VD	SJOGREN, MARY, ANN	11130 NW 38 PL	SUNRISE FL	<input type="checkbox"/>
STD	SELKO, JOANNE	9244 NW 60 ST	TAMARAC FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Paul S. Torgal 3/27/98 601-722-1177

CR2E034 (10/97)