

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 11 PM 9:26**

**DOCUMENT # L81744 (9)**

1. Corporation Name  
**POLICE REPORT PROCUREMENT, INC.**

Principal Place of Business      Mailing Address  
**4941 NW 95 AVENUE      4941 NW 95TH AVENUE**  
**SUNRISE FL 33351      SUNRISE FL 33351**  
**US      US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/18/1990      05/24/1994**

2. Principal Place of Business      2a. Mailing Address  
**21      26**

4. FEI Number      Applied For  
**65-0202999      Not Applicable**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22      27**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

City & State      City & State  
**23      28**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

Zip      Country      Zip      Country  
**24      25      29      30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**ANGIE EDWARD  
4941 NW 95TH AVENUE  
SUNRISE FL 33351**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 Zip Code

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 title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>EDWARDS, ANGIE</b>
STREET ADDRESS	<b>4941 NW 95TH AVE.</b>
CITY - ST - ZIP	<b>SUNRISE FL</b>
TITLE	<b>VP</b>
NAME	<b>EDWARDS, GARY</b>
STREET ADDRESS	<b>825 HOSMER STREET</b>
CITY - ST - ZIP	<b>MARINETTE WI</b>
TITLE	<b>S</b>
NAME	<b>EDWARD, ANGIE</b>
STREET ADDRESS	<b>4941 NW 95TH AVENUE</b>
CITY - ST - ZIP	<b>SUNRISE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Angie Edwards      **ANGIE EDWARDS**      4/3/95      305-742-9935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #