

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90182 010 ***150.00

DOCUMENT # L89828

1. Corporation Name

IN FOCUS INVESTIGATIONS AGENCY, INC.

Principal Place of Business

4155 DOW ROAD
STE M
W. MELBOURNE FL 32934
US

Mailing Address

4155 DOW ROAD
STE M
W. MELBOURNE FL 32934
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1990

4. FEI Number

59-3024968

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 398-A N. HARBOR CITY BLVD.

Suite, Apt. #, etc.

22

City & State

23 Melbourne, FL

Zip Country

24 32935 25 US

2a. Mailing Address

26 398-A N. HARBOR CITY BLVD.

Suite, Apt. #, etc.

27

City & State

28 Melbourne, FL

Zip Country

29 32935 30 US

9. Name and Address of Current Registered Agent

SWANK, CLIFFORD D.
4155 DOW ROAD STE. M
W. MELBOURNE FL 32934

10. Name and Address of New Registered Agent

81 Name SWANK, CLIFFORD D.

82 Street Address (P.O. Box Number is Not Acceptable)

398-A N. HARBOR CITY BLVD.

83

84 City MELBOURNE FL

85 Zip Code 32935

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 PTC ☐ DELETE

NAME BARRIAULT, LOUISE J.
STREET ADDRESS 4155 DOW RD, STE M
CITY-ST-ZIP MELBOURNE FL 32934

TITLE VP ☐ DELETE

NAME SWANK, CLIFFORD
STREET ADDRESS 4155 DOW RD, STE M
CITY-ST-ZIP MELBOURNE FL 32934

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LOUISE J. BARRIAULT

04/14/99

(407) 253-0054

CR2E034 (1/98)