FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M32661 (4)LAUR AN INVESTIGATIONS INC. Principal Place of Business Mailing Address P.O. BOX 7453 P.O. BOX 7453 FT. LAUDERDALE FL 33338 FT. LAUDERDALE FL 33338 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1986 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 65-0001450 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible ☐ Yes 30 Personal Property Tax due June 30. 25 29 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AARON, WILLIAM 2937 S.W. 27TH AVE, STE. 202 Street Address (P.O. Box Number is Not Acceptable) STE.1002 83 MIAMI FL 33133-0703 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. SIGNATUR (NOTE: Registered Agent signature required when reinstati TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change MUELLER, LAURIE ANN NAME 1,2 NAME P.O. BOX 7453 N/A STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST- ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST-ZIP Change DELETE 4.1 TITLE Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DE ETE

-8489

Change

Addition

CR2E034