FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M42554
E. M. PATROL INC.

(9)

STREET ADDRESS

FILED May 12 1997 8:00am Secretary of State

Principal Place of Business			Mailing Address						OLDER GIGHT OFFICE	AN IN
241 E 54 ST.		241	241 E 54 ST.							
40-										
HIALEAH FL 33013-1430			HIALEAH FL 33013-1430			3. Date Incorporated or Qualified		Dale of Last Re		
			•				12/03/1986		/01/1996	port
	lace of Business	28.	28. Mailing Address				4. FEI Number		Apr	plied For
Suite Apt # etc.			6			59-2747/89			Applicable	
- Contat , de la miliona			Suite, Apt. #, etc.				5. Certificate of Ctatus Desired		\$8.75 A	
City & State	^	27	City & State			·		Feo Rec		
23	8	20					6. Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	
Zip Country		28	Zip Countr				····			
24	25		30				8. This corporation has liability for intangible Florida Statutes The Yes		Die tax under s. 199.032, ☐ No	
9. Name and Address of Curre							10. Name and Address of New Registered Agent			
E. M. PATROL & INVESTIGATIONS INC.						Name				
241 E 54 ST.					82	Oles es 8 el el el	/D C D . N	.1-1		
	EAH FL 33012					Street Maard	ess (P.O. Box Number is Not Acceptat	NC)		
<u> </u>					84 City			FI	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agont, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							oration submits this statement for the p	ourpose i	of changing its	registered
office or r	egistered agont, or both, in the Sta m familiar with, and accord the ob	ite of Florid liciations of	ia. Such change was . Section 607.0505. F	authorize Iorida Sta	ed by itutes	the corporation	on's board of directors. I hereby accep	of the ap	pointment as r	egistered
SIGNATURE		3								
SIGNATORIC	Signature, typed or printed name of registered	agent ai ditite l	(Impplicable (NO	Tt : Registere	d Age	nt signature require	d when reinstating)	DATÉ		
12.	OFFICERS /	ND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE	PD ENDIONE		DELETE 1.11		ITLE	ļ			Change	Addition
NAME	AM P PATILAT				IAME					
STREET ADDRESS	1 # A I C A 1 A C A		1.3 \$		TREET	ADDRESS				
CITY-ST-ZIP	HIALEAH FL		Doute		1.4 CITY - ST - ZIP					The same
TITLE	ANGULO, MARLENE G.		☐ DELETÉ	1					[] Change	Addition
NAME .	241 E. 54TH ST.			2.2 NAME						
STREET ADDRESS	UIAL PALL EL			. 2.3 STREFT ADDRE						
CITY-ST-ZIP	HIALEAN FL		7 500.00		CITY-S	1-21P			77.6	1 Addition
TITLE			L] DELFTE	3.1 T					Change	Addition
NAME				320		MODDICE				
STREET ADDRESS	li					ADDRESS				
CITY-ST-ZIP			DELETE	4.17	CHTY-S	1- ZIP			Change	Addition
NAME			□ btttt:	4.11					L. Onange	TT Vagition
*						AUDBECC				
STREET ADDRESS OTTY-ST-ZIP				- 1	:ITY+\$1	ADDRESS				1
TITLE			DELETE	5.11		1-21			Change	Addition
NAME				52 N]				
STREET ADDRESS						ADDRESS				
COTY-ST-ZIP	li				HEET I	Į.				ļ
TITLE			DELETE	6.11					Change	Addition
NAME				6.2 NAME						
1 // * ****				- V. (1				

14. I do 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 logal 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