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

SIGNATURE:

Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)M84523 WELCH & WELCH INVESTIGATIONS INC. Principal Place of Business Mailing Address C/O JAMES D. BONAMASSA C/O JAMES D. BONAMASSA 9001 FIFTH AVENUE 9001 FIFTH AVENUE DO NOT WRITE IN THIS SPACE **BROOKLYN NY 11209 BROOKLYN NY 11209** 3. Date Incorporated or Qualified 06/08/1988 2a. Mailing Address 2. Principal Place of Business Applied For 22-2906449 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WELCH, THOMAS 777 U.S. 1 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33082 83 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 pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE NAME WELCH, THOMAS 1.2 NAME 777 S. FEDERAL HWY., STE. G-112 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062-5925 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-\$1-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5,2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5,4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plack 13 of Plack 13 it befored as me an alternative and described in the same legal effect as if made under oath; that I are provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4/15/98

**FILED**