

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P22461** (8)
1. Corporation Name
PHYSICAL EVIDENCE CONSULTANTS INCORPORATED



Principal Place of Business
**1221 SE 43RD TERRACE
CAPE CORAL FL 33904**

Mailing Address
**1221 SE 43RD TERRACE
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified
12/30/1988

3a. Date of Last Report
03/28/1995

2. Principal Place of Business
21 **3501 DEL PRADO BLVD**
Suite, Apt. #, etc.
22 **212**
City & State
23 **CAPE CORAL FLORIDA**
Zip
24 **33904** Country
25 **LEE**

2a. Mailing Address
26
Suite, Apt. #, etc.
27 **SAME**
City & State
28
Zip
29
Country
30

4. FEI Number
22-2439016

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAHEY, DENNIS J.
1221 SE 43RD TERRACE
CAPE CORAL FL 33904**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3501 DEL PRADO BLVD #212
83
84 City
CAPE CORAL FL 85 Zip Code
33904

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)

4/21/96
Date

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED |
|-------|------------------|----------------------|-----------------|-------------------------------------|
| PVS | FAHEY, DENNIS J | 1221 SE 43RD TERRACE | CAPE CORAL FL | <input checked="" type="checkbox"/> |
| 1 | FAHEY, DENNIS J | 1221 SE 43RD TERRACE | CAPE CORAL FL | <input checked="" type="checkbox"/> |
| VPD | FAHEY, DENNIS J. | 406 LENAPE TRAIL | BRIELLE NJ | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

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 | Change | Addition |
|-----------|--------------|--------------------------|-----------------------|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
| PVS | DENNIS FAHEY | 3501 DEL PRADO BLVD #212 | CAPE CORAL, FLA 33904 | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 119.07(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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96 **941-5494592**
Date Daytime Phone #

CR2E034 (12/95)