

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

10. Name and Address of New Registered Agent  
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: *Dennis J. Fahey* (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/96

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PVST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DENNIS FAHEY		
1.3 STREET ADDRESS	3501 DEL PRADO BLVD #212		
1.4 CITY - ST - ZIP	CAPE CORAL, FLA 33904		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: *Dennis J. Fahey* DATE: 4/21/96 DAYTIME PHONE #: 941-5494592

CR2E034 (12/95)