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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P92000013072 (3)

ACTION SUBPOENA & INVESTIGATIVE SERVICE, INC.

## **FILED** May 19 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address													
1133 S.E. 3RD AVE. FT. LAUDERDALE FL 33316				1133 S.E. 3RD AVE. FT. LAUDERDALE FL 33316					DO NOT WR	TE IN THIS S	PACE		
								3. Date Inco	rporated or Qualifie		i Not		
Principal Place of Business			2a. Mailin	2a. Mailing Address 26				4. FEI Numb			<del></del>	pplied For lot Applicable	
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc. 27				5. Certificate	of Status Desired			Additional lequired	
City & State			City & 28	City & State					Campaign Financing d Contribution			May Be to Fees	
Zip	Country		Zιρ	Z <sub>I</sub> p Cou			6. This corporation owes or has paid the			paid the curr			
24	25		29		30	<b></b> .			Property Tax due Ju			□ No	
		d Address of Currer	t Registered A	\gent		81		10. Name an	d Address of New	Registered /	Agent		
Prager, Robert							Name						
	1133 S.E. 3 AVE		82				Address (P.O. Box No	umber is Not Accep	table)				
FT. LAUDERDALE FL 33316									·				
												i	
						City			FL	<b>85</b> 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 Llorida. 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 registrated a year and life if applicable (NOTE: Registered Agent signature required when reinstalling) DATE													
12.		OFFICERS AN	D DIRECTORS		13.			ADDITIONS	S/CHANGES TO OF	FICERS AND			
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STREET ADDR					l		ADDRESS						
CITY-ST-ZIP		formation supplied w	ith this filmo do	nes no cliatify		emo:		d in Section 119 07/3	3)(i). Florida Statutes	L further ce	rtify that th	e information	

indicated on this annual report or supplied with this ining docs not unally for the exemption stated in Section 119.07(5)(f). Fiding Statutes, fruither certify that the information indicated on this annual report or supplemental annual report is five 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 recover 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 indichment with ay address.