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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P92000013072

1. Corporation Name

ACTION SUBPOENA & INVESTIGATIVE SERVICE, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90069 029 ***150.00



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Principal Plac	ce of Business	Mailing A	ddress					8 (811£ 11£11 8£111 81	IIII BBEH BEIDI I	1000 HELL 00	(() (38)0 (18) (90)
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FT. LAUDERDA			RDALE FL 33316								
1								DO NOT WRI		SPACE	
•							3. Date Incorpora				
:							12/21/1992				
2. Principal F	Place of Business	2a. Mailin	g Address				4. FEI Number				Applied For
21 .		26					65-0375173	3			Not Applicable
" Suite, Apt	t. #, etc.	Suite,	Apt. #, etc.				5. Certificate of S	tatus Desired			Additional
22	·	27									Required
City & Sta	ate	City 8	L State				6. Election Camp				May Be
23		28					Trust Fund Co				d to Fees
Zip '	Country	Zip	_	Cour	ntry		8. This corporation		rent year Int		п.,
24		29	;	30			Personal Prop			☐ Yes	□No
	9. Name and Address of Curre	ent Registered	Agent				10. Name and Ad	dress of New	Registered .	Agent	
	A OFF CORFOT				81	Name					
	AGER, ROBERT			T	82	Street Addre	ess (P.O. Box Numbe	er is Not Accept	able)		
	33 S.E. 3 AVE.						<u> </u>				
FT.	LAUDERDALE FL 33316				83						
r -				-	84	City				85 Zi	p Code
					04	City			FL	. 55 5	p 0000
office or agent. I	nt to the provisions of Sections 607.05 r registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Suc	h chande was au	thorized	by tr	-named corpo he corporatio	oration submits this s on's board of directors	tatement for the	purpose of pt the appoi	cnanging ntment as	registered registered
SIGNATURE	-										
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicat	ole. (NOTE:	Registered /	Agent	signature required	d when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicat	S	13.		signature required	d when reinstaling) ADDITIONS/CH	ANGES TO OF			
i	Signature, typed or printed name of registered ag OFFICERS A	·				signature required		IANGES TO OF		D DIREC	
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12.	OFFICERS A PD PRAGER, ROBERT 5820 PALM TREE ROAD	·	S	13. 1.1 TITI 1.2 NA	LE ME	signature required		IANGES TO OF			
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14. I 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 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 adachment with an address, with all other like empowered.

SIGNATURE: