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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P92000013238 (0) **DOCUMENT #**

	TOWN MAI	IGATIONS.	ILIO
P.I	INVEST	ルマルトル かいろし	INU.

F.C.I. INVESTIGATIONS, INC.										
Principal Place	of Business	Мал	ng Address			T CERNIES AND LIBITOR WENT SENSO BEARING	99111 4919 1 4188	1 1666 11 46	/ 101 0 1 101 1 100 1	
9400 SO OCE	ean dr.		00 SO OCEAN DR.							
SUITE 907 JENSON BCH	I El 24067		iite 907 NSON BCH. Fl 34957			ļ				
JENSON BON	i. FL 94397	J.	10011 0011 12 34307			3. Date Incorporated or Qualified	3a. Date		•	
		1	In Case Autological			12/21/1992 4. FEI Number	U0 ₁	/19/199		4
2. Principa: Fla	ace of Business	2a. N	Mailing Address			65-0370862			Applied For Not Applicable	,-
Suite, Apt. (#. etc.		Suite, Apt #, etc.				_/		Additional	1
22		27				5. Certificate of Status Desired		Fee F	Required	_]
City & State)		City & State		-	6. Election Campaign Financing			0 мау Ве	
23		28		<u> </u>	usto:	Trust Fund Contribution			to Fees	\dashv
Ζ'p 24	Country [25]	29	ľφ	30	intry	B. This corporation has liability for it Florida Statutes		. urkuer s	189.032,	
241	9. Name and Address of Cur		red Agent	1001		10. Name and Address of New R		gent		
					81 Name	PRIK WANG	361			
	is, edward				82 Street Add	ress (F.O. Box Number is Not Acceptab	(e) 1 A	1 1	INATIO	,
	OCEAN DR					7400 SO.OCE	m pi	<u>e-</u> /	1007B	_
APT. 907	-				B3					
JENSON	I BCH. FL 34957				B4 City	Toul Carl Based	CI	85 3	19000	٦
11 Pustiont b	to the provisions of Sections 607 05	502 and 607	1508 Florida Statutes	s the abo	ve-named corpo	vation submits this statement for the pur	pose of char	nging its r	eaistered offic	e
or register	ed agent, or both, in the State of F	lorida Such o	change was authorize	d by the	corporation's boa	ard of directors. Thereby accept the appo	ointment as i	egistered	agent. I am	
	W all a solutions of s	ection con.o.	dos, i fonda Gialdies.				_	2-	10-90	۱.
SIGNATURE .	Signature, byposition prince traine of registered a	gent a section 1 aps		. Registered	Agent signature requir		DATE			
12.		AND DIRECT		13.		ADDITIONS/CHANGES TO OFF				CR2E034 (12/95)
1 ILF	PSTD		DELETE	1.11			L] Change	Addition	5
NAME	CAPPETTA, FRED	007D		1.2 N						8
STREET ADDRESS	9400 S OCEAN DR, APT. 9 JENSON BCH. FL 34957	9070			TREET ADDRESS					띯
<u>C(1Y-S1-7/€)</u>	JENSON BOTI. FL 34337		[] DELETE	2.11				Change	Addition	⊣ḃ
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City-St-ZiP				240	HY-ST-ZIP					
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NAME				421						İ
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N/ME			*	621	IAME					1
STREET ADDRESS				639	TREET ADDRESS					
City S1-ZiP				640	DITY-ST-ZIP					
14. I do heret	y certify that the information suppli	ed with this fi	ling is voluntarily furni:	shed and	does not qualify	for the exemption stated in Section 119.	07(3)(k), Flor	ida Statut	les I further	

roo inactory 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 early that I am an officer or director of the corporation or the receiver or trustee emperied to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or in an automorph with an address.

SIGNATURE:

NG OFFICER OF DIRECTOR

407-229-1328 Dayling Priore