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

**PROFIT** CORPORATION ANNUAL REPORT



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

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P93000026396 (0) **DOCUMENT #** 1. Corporation Name

Principal Place		ESTIGATIONS, INC.  Mailing Address							
7937 PANA Miramar F		7937 PANAMA ST MIRAMAR FL 330							
					3	Date Incorporated or Qualified 04/09/1993		e of Last F <b>02/14/1</b>	
2. Principal Pla	ace of Business	2a. Mailing Address 26			4	FEI Number <b>65-0326384</b>	L		Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.				Certificate of Status Desired	rtes*		Not Applicable  Additional
City & State		City 9 State					<b>X</b>	Fee	Required
23	;	City & State			6	Election Campaign Financing Trust Fund Contribution			<b>0</b> May Be d to Fees
Zφ	Country	Zip	Count	ry	8	This corporation has liability for i	ntangible t		
24	25	29	[30]			Flonda Statutes 🔲 Yes	<b>∑</b> No		
	9. Name and Address of Curr	ent Registered Agent	8	1 None	10	Name and Address of New R	egistered	Agent	
DANDA	all, eoythe		O	1 Name					
	PANAMA ST		8	2 Street A	Address (F	.O. Box Number is Not Acceptab	(e)		
	IAR FL 33023		8	3		···-			
			8	4 City				<b>85</b> Zı	ρ Code
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Flo th, and accept the obligations of, Se	02 and 607.1508, Florida Sta orida Such change was authorition 607.0505. Florida Statu	tutes, the above orized by the contest	named co poration's	orporation board of c	submits this statement for the pur Frectors. I hereby accept the appo	pose of ch pose of ch	anging its registered	registered office Lagent. Lam
SIGNATURE									
12.	Signature, typed or printed name of registered agr	incare me l'applicable ND DIRECTORS	(NOTE: Buy stered Ag	r in signature re	equired where		DATE		
'IfLE	D	DELETE	13.		Γ	ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
NAME	RANDALL, EDYTHE		1.2 NAME	-			L	Orange	□ Yaan an
STELLT ADDRESS	7937 PANAMA ST		13 STRE	ET ADDRESS					
CITY-ST ZIP	MIRAMAR FL 33023		14 CITY -	ST-ZP					
117LE		DELETE	2 1 7111.5				(	Change	☐ Addition
NAME CHARLE PROPERTY			2.2 NAME						
STREET ADDRESS CUTY - ST - ZIM				LADDRESS					
Titte		DELETE	2.4 City- 3.1 Title		<del></del>		·	Change	Addition
NAME	rs.	_	3.2 NAME	- 1					
STREET ADDRESS			3.3 STPE	ET ADDRESS					
CITY - ST - ZIP			3.4 CITY -	ST-7)P					
TiTLE		DELETE	4 1 Tifte				[	Change	☐ Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3.51HEE	' ADDRESS					
CITY - ST- ZIP		TO DE ELC	4 4 CIFY -	$\overline{}$					
TITLE NAME		DELETE	5 1 TI'LE	1				Change	Addition
NAME CENECI MOUNTES			5.2 NAME						
STREET ADURESS				LADDRESS					
Dily-S1-Ziff TillE		DELETE	5.4 CITY -						FT 6
NAME		[] otter	6 1 TIFLE				E	Change	Addition
STREET ADDRESS			6.2 NAME	1					
CITY - ST - ZIP				F ADDRESS					
3 31. 4#			,6.4.CITY -	51 ZIY					

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 agrue 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 true segmentation of the execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEU OF PRINTED NAME OF SIGNING OFFICE PRECTOR 2/87/96 305 945 1757