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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P93000026396

1. Corporation Name

RANDALL & ASSOCIATES INVESTIGATIONS, INC.

Principal Place of Business Mailing Address								
7937 PANAMA STREET 618 N EMERARD DR MIRAMAR FL 33023 KEY LARGO FL 33037 US						DO NOT WRITE IN T	HIC CDACE	
		US				3. Date Incorporated or Qualifed	IIO OF ACE	
						04/09/1993		}
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- Ar	pplied For
21		26 1931 ANA	MA		TREET	<b> 65-0326384</b>	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional _
22		27				5. Certificate of Ctates Besilied	Fee Re	equired
City & Stat	e	City & State	,	2_	1.00	6. Election Campaign Financing		May Be
23	Country	28 MIRAMAN	Cour	100	numa	Trust Fund Contribution		to Fees
Zip	Country [25]	29 330233		itu y		<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	r Intangible ☐ Yes	□No
24			<u>                                      </u>			10. Name and Address of New Register		
Name and Address of Current Registered Agent					Name			
RANDALL, EDYTHE								
7937 PANAMA STREET			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
MIRAMAR FL 33023			83					
				84	City		EL  85   Zip	Code
office or n	egistered agent, or both, in the State m familiar with, and or spit the office	of Florida. Such change was autations of, Section 607.0505, Florid	horized da Statu	by t ites.	he corporation	ration submits this statement for the purpose is board of directors. I hereby accept the ap	ppointment as re	egistered
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Ageni	signature required s	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	P	DELETE	1.1 TiT	LE	T	7.0011/01/01/02/01/02/02	Change	Addition
NAME	R <b>9</b> NDALL, LEN	-	1.2 NA	ME	)			)
STREET ADDRESS	7937 PANAMA STREET		1.3 STI	REET	ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33023	DAMAD SI 60000		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE 2.11		LE			Change	☐ Addition
NAME			2.2 NA	ME.				
STREET ADDRESS			2.3 ST	REET	ADDRESS			1
CITY-ST-ZIP			2. 4 CF	TY-ST	-ZIP	<del></del>		
TITLE		☐ DELETE	3.1 TIT	LE			☐ Change	Addition
NAME			3.2 NA					
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP		Closuste	3,4. CF		-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 7IT				□ cuarige	
NAME			4.2 NA		ADDDESS			
STREET ADDRESS			4.3 S II		ADDRESS			. [
CITY-ST-ZIP		DELETE	5.1 TIT	_	LIF		Change	Addition
NAME		<del>-</del>	5.2 NA				-	
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-	-ZIP			

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 of 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 ap attack ment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90003 001 \*\*\*158.75

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CR2E034 (11/98)

Addition