

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

15 MAY 19 AM 10:15

DOCUMENT # P93000029200 (1)

To: Corporation Name:

INVESTIGATIONS AMERICA, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**718 EAGLE AVENUE
LONGWOOD FL 32750**

Mailing Address
**P.O. BOX 520471
LONGWOOD FL 32752
US**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or qualified **04/21/1993** 3a. Date of last report **04/14/1994**

4. FEI Number **59-3169049** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190 (32) Florida Statutes ☒ Yes ☐ No

2. Principal Place of Incorporation

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. Zip

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERITZ, DAVID B
718 EAGLE AVENUE
LONGWOOD FL 32750**

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(2)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of the law relating to Florida Statutes.

SIGNATURE

(Signature of the person who is accepting appointment as registered agent)

(Signature of the person who is accepting appointment as registered agent)

AT:

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	PD PERITZ, DAVID B
STREET ADDRESS	718 EAGLE AVENUE
CITY	LONGWOOD FL
NAME	
STREET ADDRESS	
CITY	
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14. I, the undersigned, certify that the information requested with this filing is complete, true and correct, and that the information is true and correct as stated in this filing. I am familiar with and accept the obligations of the law relating to Florida Statutes. I am familiar with and accept the obligations of the law relating to Florida Statutes. I am familiar with and accept the obligations of the law relating to Florida Statutes.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID PERITZ, Pres

5/15/95

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