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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000036077 (4)**

1. Corporation Name

VIDEO INVESTIGATIONS, INC.



Principal Place of Business

**7499 NW 48 COURT
LAUDERHILL FL 33319
US**

Mailing Address

**5473 N UNIVERSITY DR
SUITE 114
LAUDERHILL FL 33351
US**

2. Principal Place of Business

2a. Mailing Address

21 **10211 W. Sample Road**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 206**

27

City & State

City & State

23 **Coral Springs,**

28

Zip

Country

Zip

Country

24 **33065**

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEMPLER, RAYMOND T
7499 NW 38 COURT
LAUDERHILL FL 33319**

81 Name

Raymond T. Semple

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

10211 W. Sample Road

83

Suite 206

84

City

Coral Springs

FL

85 Zip Code

33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
SEMPLER, RAYMOND T
7499 NW 48 COURT
LAUDERHILL FL**

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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1.1 TITLE

PVTS

XX Change ☐ Addition

1.2 NAME

Raymond T. Semple

1.3 STREET ADDRESS

10211 W. Sample Road, S-206

1.4 CITY-ST-ZIP

Coral Springs, FL 33065

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/94

Date

954-344-6888

Daytime Phone

CR2E034 (12/95)