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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000036077 (4)

VIDEO INVESTIGATIONS, INC.

10211 WEST SAMPLE ROAD 208 CORAL SPRINGS FL 33065 US				10211 WEST SAMPLE ROAD 206 CORAL SPRINGS FL 33065 US						
							DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified			
							05/19/1993			
2. Principal Place of Business 2a				. Mailing Address			4, FEI Number	·	Applied For	
21 26							65-0411658	<del> </del>	lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22 27							•	Fee R	Required	
City & State				City & State			<ol><li>Election Campaign Financing</li></ol>		O May Be	
23 2							Trust Fund Contribution Added to Fees			
Zip	Country			Zip Country			8. This corporation owes or has paid the current year Intangible			
24 25 29				30			Personal Property Tax due June 30. Yes No			
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
SEMPLE, RAYMOND T						81 Name				
10211 W SAMPLE ROAD				82 Street Add			Idress (P.O. Box Number is Not Acceptable)			
SUITE 206						- 01.000.71	da do (i . d. ) Don i tallibar la tratilidad propriad	-,		
CORAL SPRINGS FL 33065					E	3				
_	OTAL OF FIRM	J 1 E 00000			į.					
					16	City		FL  85   Zip	Code	
11. Pursuant t	to the provisions of	of Sections 607 0502 a	and 607 150	OB Florida Statu	tes the abo	ve-named c	corporation submits this statement for the po	urpose of changing	its registered	
office or re	egistered agent,	or both, in the State of	Florida, Su	ich change was	authorized	by the corpo	oration's board of directors. I hereby accep	t the appointment a	s registered	
agent. I a	m familiar with, ar	nd accept the obligation	ons of, Sect	tion 607,0505, F	iorida Statu	ies.				
SIGNATURE		led name of registered agont a			TC: Depletered	Sanat alanat an a	equired when reinstating)	DATE		
	Stgnature, typied or prin	OFFICERS AND I			13.	rgeni signardie n	ADDITIONS/CHANGES TO OFFIC			
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TITLE		DAVIJONID T			1.2 NAM				_	
NAME SEMPLE, RAYMOND T										
STREET ADDRESS 10211 W SAMPLE ROAD S-206 CITY-ST-ZIP CORAL SPRINGS FL				1.3 STREET ADDRESS		[				
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CITY-ST-ZIP					2. 4 CIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
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STREET ADDRESS					3.3 STR	EET ADDRESS			1	
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NAME					4. 2 NA	ME				
STREET ADDRESS					4.3 STR	EET ADDRESS				
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NAME					5.2 NAN			-		
						EET ADDRESS				
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City-St-ZiP				DELETE	5 4 DITS	'-ST-ZiP		Change	Addition	
TITLE				P" DEFEIT				L_J Ondrigo	L. Hounton	
NAME					62 NAN	1				
STREET ADDRESS					EET ADDRESS			l		
CITY OF NO					B A CUTY	/_ QT_7/D				

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 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 chapter, or on an attachment with an address.