SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000058644 (4)**

1. Corporation Name

KLH INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
BEN L. HENSCHEL 3363 W. COMMERCIAL BLVD.. #A-115 FORT LAUDERDALE FL 33309	BEN L. HENSCHEL 3363 W. COMMERCIAL BLVD.. #A-115 FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business	2a. Mailing Address
21 3343 W. COMMERCIAL BLVD	26 3343 W. COMMERCIAL BLVD
Suite, ~~Apt. #, etc~~ 22 102	Suite, ~~Apt. #, etc~~ 27 102
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

4. FEI Number: 65-0433363 ☐ 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. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENSCHEL, BEN L
3363 WEST COMMERCIAL BLVD.
SUITE A-115
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: HENSCHEL, BEN L.
82 Street Address (P.O. Box Number is Not Acceptable): 3343 W. COMMERCIAL BLVD
83 SUITE 102
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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 _____ DATE _____
Signature of an officer or director if changing the principal place of business address. (NOTE: Registered Agent's signature required when changing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENSCHEL, BEN L 3363 WEST COMMERCIAL BLVD. #A-115 FT LAUDERDALE FL 33309	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D HENSCHEL, BEN L. 3343 W. COMMERCIAL BLVD, STE. 102 FT. LAUDERDALE, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEBIN, LARRY C. 3363 WEST COMMERICAL BLVD #A-115 FT. LAUDERDALE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D LEBIN, LARRY C. 3343 W. COMMERCIAL BLVD, STE. 102 FT. LAUDERDALE, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date _____ (954) 486-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

P93000058644 CR