FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -1 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059640 (1)**

1. Corporation Name
PROFESSIONAL ASSOCIATES INVESTIGATIONS, INC.

Principal Place of Business
2200 W. COMMERCIAL BLVD.
SUITE 310A
FT. LAUDERDALE FL 33309

Mailing Address
PROFESSIONAL ASSOCIATES INVESTIGATIONS, INC.
P.O. BOX 771884
CORAL SPRINGS, FLORIDA 33077

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21

Suite, Apt. #, etc
22

City & State
23

Zip 24 | County 25

Suite, Apt. #, etc
27

City & State
28

Zip 29 | County 30

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0432293 ☐ 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

ALICEA, DAVID
9900 SW 59TH CT.
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: John S. Rose 6/8/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ROSE, JOHN	12 NAME	
STREET ADDRESS	249 NW 80TH TERRACE	13 STREET ADDRESS	
CITY ST ZIP	MARGATE FL	14 CITY ST ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, CECILIA	22 NAME	
STREET ADDRESS	11691 SW 26TH COURT	23 STREET ADDRESS	
CITY ST ZIP	DAVIE FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, BRUCE	32 NAME	
STREET ADDRESS	11691 SW 26TH COURT	33 STREET ADDRESS	
CITY ST ZIP	DAVIE FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	DAVID, ALICEA	42 NAME	
STREET ADDRESS	9900 SW 59TH COURT	43 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 changed, or on an attachment with an address.

SIGNATURE: John Rose 6/27/95 984-9117
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0217060 CP