FILE NOW: FILING FEE AFTER MAY 1 IS \$55@00

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT

Sandra B. Morti

FISTATE

Secretary of Sta

DIVISION OF CORPOR TIONS

DOCUMENT # P93000064884 (8)

DAVENPORT INVESTIGATIVE SERVICES, INC.

Principal Place of Business Mailing Address 2034 SW 8TH AVE 2034 SW 8TH AVE BOCA RATON FL 33486-6931 **BOCA RATON FL 33486** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/28/1996 09/16/1993 2. Principal Place of Business 2a, Mailing Address 4. FFI Number Applied For 65-0511000 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes ☐ Yes ☑ No Zip Country Zin 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARFINKEL, MITCHEL D % LAW OFFICES GARFINKEL PALMER GARRETT 82 Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA SUITE 2111 83 FT LAUDERDALE FL 33394 84 City 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 (NO1): Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE DAVENPORT, CHARLES NAME 1.2 NAME **2034 SW 8TH AVE** 1.8 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP 1.4 CITY - ST - ZIE DELETE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELFTE Change Addition TITLE 3.1 TOU NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY - ST - ZIP DELETE Change Addition 41 TILLE TITLE NAME 4. 2 NAME 4.8 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change noitibh TITLE 51 TILE NAME 5 2 NAME STREET ADDRESS **5 B STREET ADDRESS** CITY-\$T-ZIP 5 4 CHY-ST-7IP

14. I do 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 changed, or on an attachment with an address.

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6.1 HILE

6.2 NAME **68 STREET ADDRESS**

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☐ Change

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Addition

FILED

May 19 1997 8:00am

Secretary of State