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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000078802

1. Corporation Name

	Y INVESTIGATIONS, INC.								
Principal Place	e of Business	Ma	ailing Address	_		_	L SOURTOUR THE SUITE INTERESTED AND STORE OR THE CONTROL OF THE CO	1660t 18161 18111 8	BIIB II BI 1681
2827 S. RIDGEV			ST OFFICE BOX 4749						
SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 3212				1					
US US							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
	<u></u>			_			11/08/1993		
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		olied For
21		26					59-3217047		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	II.
22		27	011 0 01-1-	_			<u> </u>		
City & State	e	<u> </u>	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
23	0	28	75 m	Cou	to				71 003
Zìp	Country		Zip	30	ıuy		This corporation owes the current year Inf Personal Property Tax.		□No
24	25	29 29	tored Ament	[30]			10. Name and Address of New Registered		
	9. Name and Address of Curre	ent Regis	tereu Agent	-	81 1	Name	, riamo una , la		<u></u>
HOC	CH, LAWRENCE W			,	1				_
	S. RIDGEWOOD AVE.				82 3	Street Addr	ress (P.O. Box Number is Not Acceptable)		
-	TH DAYTONA FL				83				
							·		
					84	City	FL	85 Zip C	ode
44 5	1. the section of Continue 607.05	502 and 6	07 1509 Florida Statut	os the a		amed corn	poration submits this statement for the nurnose of	changing its	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State of familiar with, and accept the oblig	e of Florid	ia. Such change was a	uthonzed	DV IN	e corporation	on's board of directors. I hereby accept the appoint	intment as reg	jistered
SIGNATURE	<u></u>					_	DATE	_	\
	Signature, typed or printed name of registered ag		if applicable. (NOTE	Registered		gnature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS A		if applicable. (NOTE	: Registered	Agent si	gnature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12
12.	OFFICERS A		if applicable. (NOTE	: Registered 13.	Agent si	gnature require	a milar i amazaniay		
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12. TITLE NAME STREET ADDRESS	OFFICERS A PVD HOCH, LAWRENCE W 788 PHEASANT RUN CT		if applicable. (NOTE	13. 1.1 TII 1.2 NA 1.3 ST	Agent si LE ME REET AC	DDRESS	a milar i amazaniay		
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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 of supplier tal 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 op n attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Millun AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR