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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9 1. Corporation Name	4000030523 (2)
	ESTIGATION AGENCY, INC.
Principal Place of Business	Mailing Address

FILED Apr 03 1997 8:00am Secretary of State



	ce of Business	Mailing Address								
846 KINGSBRII OVIEDO FL 32		49 ALAFAYA BLVD Ste 147								
		OVIEDO FL 32765-6335	OVIEDO FL 32765-6335			0. Data be accurated as Overlifted 1. 20. Data			ite of Last Report	
		US				3. Date Incorporated or Qualified 03/28/1994		9/1996	•	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	1 00/1		Applied For	
21		26				59-3243842			Not Applicable	
Suite, Apt.	. #, elc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27					<u> </u>		Required	
City & Stat	te	City & State				6. Election Campaign Financing			May Be	
23 Zip	Country	Zip	Co	untry		Trust Fund Contribution 8. This corporation has liability for i	ntoonible t		d to Fees	
24	25	29	30	ui ili y			Yes 🔁		5. 199.032,	
<u> </u>	9. Name and Address of Curi		1901	Ţ		10. Name and Address of New Re				
LAII	LER, BILLY H			81	Name					
	KINGSBRIDGE DRIVE			82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)			
	EDO FL 32765			L	0110017100					
				83						
				84	City			85 Zi	ip Code	
							<u>FL</u>	<u> </u>		
11. Pursuant	t to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta ato of Florida, Such channe wa	tutes, the a	abovi ed by	e-named cor v the cornora	poration submits this statement for the pation's board of directors. I hereby accer	urpose or at the appo	changing pintment i) its registered as registered	
agent 1	am familiar with, and accept the ob	oligations of, Section 607.0505,	Florida Sta	alute	S.	poration submits this statement for the pation's board of directors. I hereby accept				
SIGNATURE										
	Signature, typed or panied name of registered		NOTE: Register		ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTO	ORS IN 12	
12.	D OFFICERS /	AND DIRECTORS DELETE		TITLE	————	ADDITIONS/CHANGES TO CITTLE	ZENG AND	Chano		
TITLE NAME	MILLER, BILLY H			NAME						
STREET ADDRESS	A 44 LUNIOARRIBAE BRAE				ADDRESS					
CiTY -ST - Ziř	OVIEDO FL 32765		1.5		ST-ZIP					
G111-31-71			147		71 · £0 1					
181 F		DELETE		UITTE TITLE				Chang	e Addition	
THUE NAME		☐ DELETE	2.11				***************************************	Chang	e Addition	
NAME		☐ DELETE	2.1 1 2.2 I	TITLE NAME	r address			Chang	e Addition	
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ratio margby certify that me information supplied with this tilling does not quality for the exemption stated in Second 118.07(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 phinged, or on an attachment with an address.

SIGNATURE: