FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90011 002 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000030523

THE CONTEMPORARY INVESTIGATION AGENCY, INC.

1						
Principal Place	of Business	Mailing Address			- i indiine i iin saili niur aalii al	TEIL MÁILE BOIGD AICH MHIDL BILEM ISANÉ EILI 1901
846 KINGSBRIDGE DRIVE OVIEDO FL 32765		49 ALAFAYA BLVD STE 147 OVIEDO FL 32765				
				•	DO NOT WRIT	E IN THIS SPACE
		US			3. Date Incorporated or Qualified	
		•			03/28/1994	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	See of Business	26 P.O. BOX	6221	464	59-3243842	Not Applicable
Suite, Apt. #	t. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	,	27			5. Certificate of Status Desired	Fee Required
City & State	-	City & State	<u> </u>	- 0	6. Election Campaign Financing	\$5.00 May Be
23		28 OVIEDO,	flor!	DA	Trust Fund Contribution	Added to Fees
Ζiρ	Country	Zip	Cour		8. This corporation owes the curre	. – –
24	25	29 32762	30 56	SUNDIE	Intangible Personal Property.	Yes No
	9. Name and Address of Curre	nt Registered Agent		04) 1	10. Name and Address of New R	egistered Agent
Mills	ER RILLY H	,	İ	81 Name		
MILLER, BILLY H 846 KINGSBRIDGE DRIVE OVIEDO FL 32765			Ī	82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)
			}	83		
	.50 1 2 02, 00		ĺ	63		
			Ī	84 City		FL 85 Zip Code
44 5		00 1007 4500 Florido Out	4 4		the submite this statement for the su	
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.						
agent. I ar	m familiar with, and accept the oblig	gations of, section 607.0505, F	Florida Statu	ites.		}
SIGNATURE _	Constitute throad or printed space of registered any	ent and title if andicable	NOTE: Register	ad Agent signature regu	lired when reinstating)	DATE
S	Signature, typed or printed name of registered ago OFFICERS AI		NOTE: Register	ed Agent signature requ		DATE FICERS AND DIRECTORS IN 12
SIGNATURE		ND DIRECTORS				
12.	OFFICERS AI		13.	E		FICERS AND DIRECTORS IN 12
12.	OFFICERS AI	ND DIRECTORS	13. 1.1 TITI 1.2 NA	E		FICERS AND DIRECTORS IN 12
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12. TITLE NAME	OFFICERS AT D MILLER, BILLY H 846 KINGSBRIDGE DRIVE	ND DIRECTORS	13. 1.1 TITI 1.2 NAJ 1.3 STR	LE ME EET ADDRESS Y-ST-ZIP		FICERS AND DIRECTORS IN 12
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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 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.

CEDE RBILLYIF MILLER

407-977-0825