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CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037288 (5)**

Corporation Name

VIPER INCORPORATED, PRIVATE INVESTIGATIONS

Principal Place of Business

**10097 CLEARY BLVD. 318
PLANTATION FL 33324-1065**

Mailing Address

**10097 CLEARY BLVD. 318
PLANTATION FL 33324-1065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/16/1994

4. FEI Number
65-0478141

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 been... for... ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 9916 Nob Hill Court

2a. Mailing Address
26 10097 Cleary Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sunrise, Florida

City & State

28 Plantation, Florida

24 **33351-4624**

25 **Broward**

29 **33324-1065**

30 **Broward**

9. Name and Address of Current Registered Agent

**TENEN, KAREN L
10097 CLEARY BLVD, 318
PLANTATION FL 33324-1065**

81 Name
LEDEE, OTTO GUSTAVE
82 Street Address (P.O. Box Number is Not Acceptable)
9916 Nob Hill Court

84 City
Sunrise,

FL

85 Zip Code
33351-4624

11. Pursuant to the provisions of Sections 607.0504 and 607.0508, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. This 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 607.0508, Florida Statutes.

SIGNATURE **Otto Gustave Ledee, President/Agency Manager/Director**

Typed or signed or printed name of registered agent and their signature

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SIGNATURE:

Otto Gustave Ledee

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(305) 741-0988