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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000037288 (5)**

1. Corporation Name

VIPER INCORPORATED, PRIVATE INVESTIGATIONS

Principal Place of Business	Mailing Address
9916 NOB HILL CT SUNRISE FL 33351-4624 US	10097 CLEARY BLVD SUITE 318 PLANTATION FL 33324-1065 US

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report: **05/01/1995**

	Principal Place of Business	Mailing Address
2. / 2a.	21 10097 Cleary Boulevard	26 10097 Cleary Blvd,
Suite, Apt. #, etc.	22 Suite 318	27 Suite 318
City & State	23 Plantation, Florida	28 Plantation, Florida
Zip	24 33324-1065	29 33324-1065
Country	25 Broward	30 Broward

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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEDEE, OTTO GUSTAVE
9916 NOB HILL CT
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 10097 Cleary Boulevard, Suite 318

83

84 City: Plantation FL 85 Zip Code: 33324-1065

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: Otto Gustave Ledee, President — DATE: April 23 1996
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PMD LEDEE, OTTO G 10097 CLEARY BLVD, 318 PLANTATION FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANDWIRTH, ROBIN MARTA 461 NW 87TH TERRACE 310 PLANTATION FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 10097 Cleary Blvd., Suite 318 Plantation, Florida 33324-1065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEDEE, KAREN LYNN 10097 CLEARY BLVD 318 PLANTAION FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Otto Gustave Ledee, President — Date: April 23 1996 — (954) 741-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #