

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

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Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90054 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000037288

1. Corporation Name  
VIPER INCORPORATED, PRIVATE INVESTIGATIONS

Principal Place of Business  
10097 CLEARY BOULEVARD  
SUITE 318  
PLANTATION FL 33324-1065  
US

Mailing Address  
10097 CLEARY BLVD  
SUITE 318  
PLANTATION FL 33324-1065  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/16/1994

4. FEI Number  
65-0478141

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 9916 Nob Hill Court  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10097 Cleary Blvd  
Suite, Apt. #, etc.

22 City & State  
23 Sunrise, FL  
Zip Country  
24 33351-41624 25 FLORIDA

27 City & State  
28 Plantation, FL  
Zip Country  
29 33324-1065 30 FLORIDA

9. Name and Address of Current Registered Agent

LEDEE, OTTO GUSTAVE  
10097 CLEARY BOULEVARD, SUITE 318  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
IRA C. HATCH, JR., ESQ.  
82 Street Address (P.O. Box Number is Not Acceptable)  
LAW OFFICES OF HATCH & DOTY, P.A.  
83 1701 HIGHWAY A-1-A, SUITE 220  
84 VERO BEACH FL 85 32963

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 IRA C. HATCH, JR., ESQ. - Registered Agent  
Signature, typed or printed name of registered agent and title if applicable.

DATE 4/11/99

12. OFFICERS AND DIRECTORS

TITLE PMD  
NAME LEDEE, OTTO G  
STREET ADDRESS 10097 CLEARY BLVD, 318  
CITY-ST-ZIP PLANTATION FL

TITLE VD  
NAME LANDWIRTH, ROBIN MARTA  
STREET ADDRESS 10097 CLEARY BLVD, SUITE 318  
CITY-ST-ZIP PLANTATION FL

TITLE STD  
NAME LEDEE, KAREN LYNN  
STREET ADDRESS 10097 CLEARY BLVD 318  
CITY-ST-ZIP PLANTATION FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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 with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11 1999

(954) 741-0788

Date Daytime Phone #

CR2E034 (1/98)