SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG 10 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000077072 (4)**

1. Corporation Name

NATIONAL BUREAU OF PRIVATE INVESTIGATIVE SERVICE S, INC.

Principal Place of Business	Mailing Address
2655 N OCEAN DR SUITE 300 SINGER ISLAND FL 33404	2655 N OCEAN DR SUITE 300 SINGER ISLAND FL 33404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 766 S. Congress Avenue
22: Suite, Apt. #, etc.
23: City & State: West Palm Beach, FL
24: Zip: 33406-4126
25: Country: U.S.

2a. Mailing Address
26: 766 S. Congress Avenue
27: Suite, Apt. #, etc.
28: City & State: West Palm Beach, FL
29: Zip: 33406-4126
30: Country: U.S.

4. FEI Number: 65-0587598 ☐ 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

VIOLA, JOHN
2655 N OCEAN DR
SUITE 300
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name: John Viola
82 Street Address (P.O. Box Number is Not Acceptable): 766 S. Congress Avenue
83:
84 City: West Palm Beach **FL** 85 Zip Code: 33406-4126

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: [signature] 08-05-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	XXX ☐ Change ☐ Addition
NAME	VIOLA, JOHN	12 NAME	Viola, John	
STREET ADDRESS	8698 WAKEFIELD	13 STREET ADDRESS	766 S. Congress Avenue	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	14 CITY-ST-ZIP	West Palm Beach, FL 33406-4126	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: [signature] 08-03-95 407-640-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001662 CP