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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000078147 (3)

KROLL FINANCIAL SERVICES, INC.

## FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					8 6) 18584 1586 B1841 38 81 18 83
,		Mailing Address			
5445 NORTH FEDERAL HIGHWAY 5445 NORTH FEDERAL H					
FORT LAUDERDALE FL 33308		FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/25/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0527980	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	irrent year Intangible
24	25	29	30		☐ Yes ☐ No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	Agent
AM	IERILAWYER		B1 Name		
343	3 ALMERIA AVENUE	dress (P.O. Box Number is Not Acceptable)			
	RAL GABLES FL 33134		82 Street Add	areas (r.o. box nornosi is not Acceptable)	
8					
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Stalu	ites, the above-named cor	poration submits this statement for the purpose	
office or re	egistered agent, or both, in the State	of Florida Such change was	authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
agent. i a	m familiar with, and accept the obliga	ations of, Section 607.0505, in	iorida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	est soud tilto il proche abbi	TE: Registered Agent signature requ	uired when reinstating) DATE	
12,	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KROLL, CARL M	<u>—</u>	1.2 NAME		
STREET ADDRESS	5445 NORTH FEDERAL HIGH	WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 CITY - ST - ZIP		
TITLE	VP	DELETE	21 TITLE		Change Addition
NAME	• -		2 2 NAME		C Briange C House
STREET ADDRESS	Kroll, Debra L.	11	4		
· 1	2229 W Hillsboro B Deerfield Beach, F	1 33443	2 3 STREET ADDRESS		
CITY+ST-ZIP TITLE	Deer Heru Beach, 1	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	•	L Detert			The Property
			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE			4.1 TITLE		ш онан <b>у</b> в Ш жаскал
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DEL STE	4.4 CITY - ST - ZIP		
TITLE		☐ DFLETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		25,10
STREET ADDRESS		•	5 3 STREFT ADDRESS		2718168
CITY-ST-ZIP			5.4 CITY-ST-ZIP	No. 1 to 4 - 144	
TITLE		☐ DELET <b>e</b>	6.1 TITLE		Change Addition
NAME			6.2 NAME	<b>4000024343</b> -02/18/98010490	~p·~p· 1 ②
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	10
CITY-ST-ZIP			6.4 CITY-ST-ZIP	李本本100.00	
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify f	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further o	ertify that the information
officer or of Block 12 of	on this annual report or supplement <u>a</u> director of the corporation or the rece or Block 13 if changed, or on an attac	Lannual report is true and acc liver or trustee empowered to childrent with an address	curate and that my signature execute this report as rec	ure shall have the same legal effect as if made un puired by Chapter 607, Florida Statutes; and that	nder oath; that I am an my name appears in