

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000083909 (9)

1. Corporation Name
ALAFIA INVESTIGATIONS INC.



Principal Place of Business
10609 BALM RIVERVIEW ROAD
RIVERVIEW FL 33569

Mailing Address
P.O. BOX 1352
RIVERVIEW FL 33569

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3289689

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAATS, CARL L
10609 BALM RIVERVIEW ROAD
RIVERVIEW FL 33569

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 of the current registered agent or the new agent.

Signature of the new registered agent or the corporation's secretary.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
STAATS, CARL
10609 BALM RIVERVIEW RD
RIVERVIEW FL 33569

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printing #

CR2E034 (12/95)