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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017766

1. Corporation Name

A-1 VERIFICATIONS, INC.

Mailing Address Principal Place of Business A-1 INVESTIGATIVE AGENCY, INC. A-1 INVESTIGATIVE AGENCY, INC 2500 HOLLYWOOD BLVD. SUITE 410 2500 HOLLYWOOD BLVD. SUITE 410 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date Incorporated or Qualifed 03/02/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0306408 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #_etc. . . 5. Certificate of Status Desired Fee Required - 206 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip This corporation owes the current year Intangible Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **BLEIER, HENRY** 82 Street Address (P.O. Box Number is Not Acceptable) 2699 STIRLING RD. STE C-307 83 FT LAUDERDALE FL 33312 84 85 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE Change ☐ Addition 1.1 TITLE TITLE STILLETIVER SAMUEL BLOW SUITE 206 STREINER, SAMUEL R 12 NAME NAME 1175 N.E. 125TH STREET, SUITE 417 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITI F 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6.1 TTTLE

6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my bignature 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 empoyer at the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

rered.

6.4 CI[Y-\$T-ZIP

Daytime Phone #

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90034 019 ***150.00

☐ Change

Addition

CR2E034 (11/98)