## FILE NOW: FILING FEE AFTER MAY 1 IS \$2

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

6509-F RAY CLUB DRIVE

FT. LAUDERDALE FL 33308

1996



FLORIDA DEPARTMEN

FT. LAUDERDALE FL 33308

Sandra B. Morth Secretary of Sta

DIVISION OF CORPORATIONS

Jr STATE

P95000027152 (4) DOCUMENT #

## EAGLE INVESTIGATIVE SERVICES, INC.

Mailing Address 6509-E BAY CLUB DRIVE

**FILED** 

Secretary of State

May 01 1996 8:00 am

3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1995 2a. Mail on Address 26 P.O. Box 2. Principal Place of Business Applied For 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Litection Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees  $Z\phi$ 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name FRANCO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6509-E BAY CLUB DRIVE 83 FT. LAUDERDALE FL 33308 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

Signative Expertise protections of these consequences and in the state of the learn 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1 1 TITLE FRANCO, ROBERT NAME 1.2 NAME 6509-E BAY CLYB DRIVE STREET ADDRESS 1.3 STREET ADORESS FT. LAUDERDALE FL 33308 CITY - ST - ZIP 14 City - \$1 - 7 P [] DELETE Addition TITLE 2 1 HHLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST. 7/P CITY - ST - ZIP THILE DELETE. 3 1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CH1Y - ST - ZIP □ DELETE ☐ Change Addition TITLE 4 1 THILE NAMÉ 4.2 NAMÉ STREET ADDRESS 4.3 STREET ACORESS CITY - S1 - ZIF 4.4 CHY+ST-ZIP DELETE Change Addition TITLE 5 1 Title NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5 4 CITY - ST - ZIP DELETE Change TILLE 6 1 101.8 Addition NAME 6.2 NAME STREET ADDRESS 64 CITY ST ZIP

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 angual 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 true empowered to execute his report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

ING OFFICER OR DIRECTOR

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