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Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000029303 (1)

1. Corporation Name  
OPTIMUM INVESTIGATIONS AND PROTECTIVE SERVICES,  
INC.

Principal Place of Business

1861 N. FEDERAL HWY.  
STE 263  
HOLLYWOOD FL 33020

Mailing Address

1861 N. FEDERAL HWY.  
STE 263  
HOLLYWOOD FL 33020-2827



3. Date Incorporated or Qualified  
04/13/1995

3a. Date of Last Report  
04/09/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

APPLIED FOR 65-0653274

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

FILINGS, INC.  
1829 FUNSTON ST.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name FRANCOIS MCKINNON  
82 Street Address (P.O. Box Number is Not Acceptable)  
600 NE 14 AVE  
83 APT 208  
84 City HALLANDALE FL 85 Zip Code 33009

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 assuming the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

Francois McKinnon

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MCKINNON, FRANCOIS R	
STREET ADDRESS	3075 W. OAKLAND PARK BLVD.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	DELETE
NAME	SANTA MARIA, OSCAR	
STREET ADDRESS	3075 W. OAKLAND PARK BLVD.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33311	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NICE PRESIDENT	Change	Addition
1.2 NAME	MCKINNON, FRANCOIS R.		
1.3 STREET ADDRESS	600 NE 14 AVE		
1.4 CITY - ST - ZIP	HALLANDALE FL 33007		
2.1 TITLE	PRESIDENT	Change	Addition
2.2 NAME	SANTA MARIA, OSCAR		
2.3 STREET ADDRESS	600 NE 14 AVE		
2.4 CITY - ST - ZIP	HALLANDALE FL 33009		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 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 (changed) or in an attachment with an address.

SIGNATURE: Francois R. McKinnon 1/17/97 954-454-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)