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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996

Secretary of State DIVISION OF CORPORATIONS

P95000037037 (5) DOCUMENT #
1. Corporation Name

D.H. MAURER INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address



Suite, Apt. #, etc.	1160 HILLSBORO MILE #203 POMPANO BEACH FL 33062		1160 HILLSBORO MILE #203 POMPANO BEACH FL 33062					
Suite, Apt. #, etc.							3a. Date of L	ast Report
Suite, Apt. #, etc.	2. Principal Pla	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Dosired S8.75 Addit Fee Required Company Planeting S5.00 May Added to Fee Zip Country Zip Country S. The corporation has fability for interplible tax under a 199.00 Photos Statutes Yes No. Added to Fee Required Company Planeting No. No. No. Added to Fee Required Company Planeting Pla	21		26			65-0579967		x Not Applicable
28 29 30 20 20 30 8. This corporation has fability for intanglible tax under s 199.07 10. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name and Address of New Registered Agent 14. Name 15. Name and Address of New Registered Agent 15. Name and Address of New Registered	Suite, Apt.	#, etc.	——————————————————————————————————————	ot. #, etc.			\$8.75 Additional	
Zip	- 		— ·			, ,		5.00 May Be Added to Fees
24		Country	Zip	Countr	у	8. This corporation has liability for		
MAURER, DONALD H 1160 HILLSBORO MILE #203 POMPANO BEACH FL 33062 84 City B4 City FL 85 ZP Code 85 ZP Code 86 City FL 85 ZP Code 87 ZP Code 88 ZP CODE 89 ZP CODE 89 ZP CODE 89 ZP CODE 89 ZP CODE 80	24			30				
MAURER, DONALD H 1160 HILLSBORO MILE #203 POMPANO BEACH FL 33062 84 Oty FL 85 Zp Code 85 A Oty FL 85 Zp Code 86 Oty FL 86 Springer submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Socion 607,0505, Florida Statutes. SIGNATURE Signature, howed or printed nemo of registered agent and title it explication OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INDE MAURER, DONALD H 1160 HILLSBORO MILE #203 POMPANO BEACH FL 33062 In STREET ADDRESS OTH ST-2P INTE DELETE 2 1 TITLE DELETE 2 1 TITLE DELETE 2 1 TITLE DELETE 3 1 TITLE Change AMME STREET ADDRESS OTH ST-2P INTE DELETE 3 1 TITLE Change AMME STREET ADDRESS STREE		9, Name and Address of Currer	it Registered Agent			10. Name and Address of New	Registered Ager	ıt
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 registery 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. SIGNATURE Signature, hipsed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 14. DIRECTOR IN 1.2 NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 16. HILLSBORD MILL #203 POMPANO BEACH FL 33062 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 NAME 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	MALIE	NED DONALD II		8	Name			
POMPANO BEACH FL 33062 B3					Street Ado	dress (P.O. Box Number is Not Accepta	able)	
### City ### FL ### Size 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 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. In an accept the obligations of, Section 607.0505, Florida Statutes. #### Signaline: hipsed or printed name of registered agent and title if signaline: Profit in the provision of the provision of the obligations of the obligations of, Section 607.0505, Florida Statutes. #### Signaline: hipsed or printed name of registered agent and title if signaline: Profit in the provision of the obligations of the obligations of, Section 607.0505, Florida Statutes. #### Signaline: hipsed or printed name of registered agent and title if signaline agent. #### In the provisions of Sections 607.0505, Florida Statutes. #### Signaline: hipsed or printed name of registered agent and title if signaline agent. #### In the provisions of Sections 607.0505, Florida Statutes. #### Signaline: hipsed or printed name of registered agent and title if signaline agent. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Florida Statutes. #### In the provisions of Sections 607.0505, Flori				-	<u> </u>			
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 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 hereby accept the appointment as registered agent. In an advanced to provide agent and title it appointment as registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose agent. In the statement for the purpose agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose agent. In the statement for the purpose of changing its registered agent. In the statement for the purpose agent. In the statement of transfer agent	PUMP	ANO BEACH FL 33062		83	3			
Signature Sign				1	'		I -1	1 '
SIGNATURE Signature, typed or printed nense of registered agent and title in applicable. INOTE Registered Agent Signature required when reinstating) DATE	or registere	od agont, or both, in the state of Hone	aa. Such Change was aumona	zea by the cor	named corpo poration's boa	oration submits this statement for the p ard of directors. I hereby accept the ap	urpose of changing pointment as regis	g its registered office stered agent. I am
12. OFFICERS AND DIRECTORS TITLE D MAURER, DONALD H STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 DELETE 1.1 TITLE 1.2 NAME 12 NAME 13 STREET ADDRESS CITY-ST-ZIP DELETE 2 1 TITLE 1.2 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1.1 TITLE 1.2 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SIGNATURE _				ot signature require	and whose reinstations		
TITLE NAME MAURER, DONALD H STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					on signature require			COTODO IN 10
NAME	TITLE		· · · · · · · · · · · · · · · · · · ·			ABBITIONS/CHANGES TO OF		
CITY-ST-ZIP POMPANO BEACH Ft 33062	NAME	MAURER, DONALD H						3-180 E \(\frac{1000(101)}{2}\)
CITY-ST-ZIP	STREE! ADDRESS	1160 HILLSBORO MILE #26	03	13 STREE	LADDRESS			
DELETE	CITY-ST-ZIP	POMPANO BEACH FL 3306	3 2					
NAME	THTLE		☐ DELETE				□ Ch	ange
CITY-ST-ZIP	NAME			2.2 NAME				
DELETE DELETE 3. 1 TITLE Change Al	STREET ADDRESS			2.3 STREE	T ADDRESS			
DELETE DELETE 3.1 TITLE Change Al	CHTY-ST-ZIP			2 4 CITY -	ST-ZIP			
STREET ADDRESS 32 STREET ADDRESS	TITLE		☐ DELETE				[] Chi	ange [] Addition
CHY-ST-ZIP 34 CHY-ST-ZIP TITLE Change Ar	NAME			3.2 NAME	İ		_	•
TITLE DELETE 4 1 TITLE Change Ar NAME 4 2 NAME SIREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS			3.3. STREE	T ADDRESS			
NAME 4 2 NAME 4 3 STREET ADDRESS 4.3 STREET ADDRESS	CITY-ST-ZIP			34 City-	ST-ZIP			
SIREET ADDRESS 4.3 SIREET ADDRESS			☐ DELETE	4 1 TITLE			☐ Cha	ange 🔲 Addition
And strike industrial	NAME			4.2 NAME				
CITY-ST-ZIP 44CITY-ST-ZIP	STREET ADDRESS			4.3 STREE	T ADDRESS			•
13 VIII QI 20			·	4.4 CITY-	ST-ZIP			
			☐ DELETE	5. 1 TITLE			☐ Cha	ange 🔲 Addition
NAME 5.2 NAME				5.2 NAME				
STREET ADDRESS 5.3 STREET ADDRESS				5.3 STREE	T ADDRESS			
CNY-SI-ZIP 54 CNY-SI-ZIP				5.4 CITY - 1	ST - 21P			
	- 1		☐ DELETE	6. 1 TITLE			[] Cha	ange 🔲 Addition
NAME 62 NAME				6.2 NAME				
STREET ADDRESS 6 3 STREET ADDRESS				63 STREE	ADDRESS			
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 furnished and does not qualify for the exemption stated in Section 119.07(3)(k).	CITY-ST-ZIP			64 CITY-S	ST-ZIP			

certify that the information inlocated on this annual report or suppremental 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 of an attachingent with an address.

SIGNATURE:

NIED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/96

954 480 9748