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PROFIT CORPORATION' ANNUAL REPORT

1996



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

DOCUMENT #

P95000037843 (6)

RESEARCH INVESTIGATIVE SERVICES, INC.

Principal Place of Business Mailing Address

FILED Mar 15 1996 8:00 am Secretary of State

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| 2404 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 | | | 2404 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 | | | | | | | | | | |
|--|--|---|--|------------------------|----------|------------|-------------------------|--------------------|--|--------------------------------|------------|-------------------------|--|
| | · ==================================== | | | | | | | | 3. Date incorporated or Qualified 05/11/1995 | 3a. Date | of Last | Report | |
| 2. Prir 21 | ncipal Place of Business | lace of Business 28. Mailing Address 26 | | | | | 4. FEI Number 65-062445 | 6 | | Applied For Not Applicable | | | |
| Sui 22 | Lance of the second | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| Oit | y & State | | 28 | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.0 | 00 May Be ed to Fees | |
| Zφ 24 | 25 | | 29 | Zφ | 30 | Country | <i>t</i> | | 8. This corporation has liability for Florida Statutes | intangible tax | unders | 199.032, | |
| | 9, Name an | d Address of Current R | egist | ered Agent | | | _ | | 10. Name and Address of New F | legistered A | gent | | |
| | | | | | | 81 | | Name | | | | | |
| | COLLIGAN, JOSEPH | | | | | 82 | t | Street Addres | ss (P.O. Box Number is Not Acceptab | le) | | | |
| | 2404 HOLLYWOOD HOLLYWOOD FL 33 | | | | | 83 | - | | | | | | |
| | | 020 | | | | | L | <u> </u> | | ···· | | | |
| L | | | | | | 84 | 1 | City | | FL | | p Code | |
| | | | | | s, the a | above r | nar Or | med corporat | ition submits this statement for the pur d of directors. I hereby accept the appo | | ging its | registered office | |
| 100 | inima with, this peccept to | he obligations of Section | 607.0 | 505, Florida Statutes. | | | | | , | | | o agom: vam | |
| S'GNA | | n ted non e of regetered agent and | titio if ap | galianic (NOTE | E Boost | ured Aper | nt s | gnature required y | when minstaling | DATE | | | |
| 12. | | OFFICERS AND D | RECT | | | 3. | | | ADDITIONS/CHANGES TO OFF | | DIRECTO | OBS IN 12 | |
| Hitt | PSD | | | DELETE | 1. | 1 TITLE | | | | | Change | ☐ Addition | |
| MAM | COLLIGA | N, JOSEPH J | | | 1. | 2 NAME | | | | | • | | |
| STREET A | ADDRESS 2404 HO | LLYWOOD BOULEVAF | ND O | | 1 | 3 STREET | AD | DORESS | | | | | |
| CHY S1 | ZIF HOLLYWI | OOD FL 33020 | | | 1 | 4 CITY - S | 1. | ZIP | | | | | |
| TIT, F | VTD | | | DELFTE | 2 | 1 TITLE | _ | | | | Change | Addition | |
| NAME | | n, norma d | | | 2 | 2 NAME | | | | | | | |
| STEÉLTA | ADDRESS 2404 HO | LLYWOOD BOULEVAF | D | | 2 | 3 STREET | ΑD | DRESS | | | | | |
| 001.8 | 7º HOLLYWO | OOD FL 33020 | | | 2 | 4 CITY - S | 1.2 | ZIP | | | | | |
| 3017 | | | | DELETE | 3 | 1 TITLE | | | | | Change | Addition | |
| NAME | 1 | | | | 3.: | 2 NAME | | | | | | | |
| SI+E) 1 A | ODDRESS | | | | 3 | STREET | A. | DORESS | | | | | |
| 0017-\$1- | · Z(P | | | | | CITY-S | 1-7 | 71P | | | | | |
| THE | | | | DELETE | 4 | 1 TITLE | | | | | Change | ☐ Addition | |
| NAME | | | | | 4.3 | 2 NAME | | | <u> </u> | 4633 | D 77.4 | | |
| STREE! A | | | | | 4.3 | STREET | ΑĎ | DRESS | 7000017 -03/18/9601 | 02600 |] 4 | | |
| CITY - ST- | 70 | | | | | CITY-5 | 1-2 | ZIP | ***200.00 | | ~ | | |
| THEF | | | | DELETE | | 1 TITLE | | | | | Change | ☐ Addition | |
| NAME | | | | | | NAME | ٠ | | | | | | |
| STREET AS | | | | | 50 | STREET. | ADI | DRESS | | | | | |
| 011Y-\$1 | 7IF | | | D Dr. 575 | - | CITY-ST | 1 - 7 | 71P | | | | J | |
| TILLE | | | | ☐ DELETE | | 1 THILE | | | | | Change | ☐ Addition | |
| NAME | | | | | | NAME | | | | | | | |
| SIFILIA | | | | | 63 | STREET | ADO | DRESS | | | | | |
| C1**+\$1+ | 3.4 | | | | | CHTY-S1 | 1.7 | IID. | | | | 1 | |

6. For hereory 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 composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 or Ellock 13 if changed, or on an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

2/6/96

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