

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 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 # P95000069627 (4)

1. Corporation Name
LEWIS INVESTIGATIONS, INC.



Principal Place of Business
1801 SW 84TH AVE.
NORTH LAUDERDALE FL 33068

Mailing Address
PO BOX 26052
TAMARAC FL 33320-6052

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 09/05/1995 | 3a. Date of Last Report 06/12/1996 |
| 4. FEI Number 59-3340795 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

SIEGEL, KENNETH S.
14502 NORTH DALE MABRY
TAMPA FL 33618

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| FL 85 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. 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)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PVTS | <input type="checkbox"/> DELETE |
| NAME | LEWIS, CARL D. | |
| STREET ADDRESS | 4407 STONEHENGE RD. | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | M | <input type="checkbox"/> DELETE |
| NAME | LEWIS, CARL D. | |
| STREET ADDRESS | 4407 STONEHENGE RD. | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | PVTS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LEWIS, CARL D. | |
| 1.3 STREET ADDRESS | 1901 SW 84TH AVE | |
| 1.4 CITY-ST-ZIP | NORTH LAUDERDALE, FL 33068 | |
| 2.1 TITLE | M | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | LEWIS, CARL D. | |
| 2.3 STREET ADDRESS | 1901 SW 84TH AVE | |
| 2.4 CITY-ST-ZIP | NORTH LAUDERDALE, FL 33068 | |
| 3.1 TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | BARBARA E. NADEN | |
| 3.3 STREET ADDRESS | 1901 S.W. 84TH AVE | |
| 3.4 CITY-ST-ZIP | NORTH LAUDERDALE, FL 33068 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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, 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 on an attachment with an address.

SIGNATURE: *[Signature]* CARL D. Lewis 9-16-97 854-722-7732

CR2E034 (4/97)