## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000092734

Principal Place of Business

WALTERS INVESTIGATIVE AND GUARD SERVICE INCORPOR ATED

18800 N.W. 2ND AVENUE. SUITE 114 MIAMI FL 33169	POST OFFICE BOX (	693216				•				
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	•				12	Date Incorpor	<del></del> _			401
. 49					3.	01/01/199	_	allieu		
2. Principal Place of Business	2a. Mailing Address				+	FEI Number				P 45
	— —	3		-	4.				} <del> </del>	plied For
21	26				<b>_</b>	<u>65-023859</u>	<del>/</del> 8			t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, et	c.			5	Certificate of S	Status Desi	ired 🗆	\$8.75	
22	27								Fee Re	equired
City & State	City & State				6.	Election Cam	paign Finar	ncing	\$5.00	May Be
23	28					Trust Fund Co	-		Added	
Zip 'Country	Zip	Zip Country				This corporati	on owes th	e current year	Intancible	
24 25	29	30			0.	Personal Prog		ie carrein your	☐ Yes	□No
9. Name and Address of Curre		30	$\overline{}$		40			New Registere		
eg, Name and Address Of Curre			81	Name	10.	Haille allu A	udiess (I	New Registere	u Agent	
WALTERS, EUSTACE	الرياد المريدا الماقيين الهيم		"	Name						
	は各種的 Parketing もつ		82	Street Addre	ss (P	O. Box Numb	er is Not A	cceptable)		
18800 N.W. 2ND AVENUE, SUITE 1	.14								Tare to a second	C.C. I ATEL DZI
A MIAMI FL 33269			83			ا د د او		31 7 2 4	1 3 1 1 1 1	
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			84	City					85 Zip	Code
And the second s	<u> </u>		ш					<u>.                                      </u>		
11. Pursuant to the provisions of Sections 607.05	i02 and 607.1508, Florida :	Statutes, the a	bove	-named corpo	ration	submits this s	statement for	or the purpose	of changing its	registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the States agent. I am familiar with, and accept the oblig	ations of, Section 607.050	5, Florida Stat	tutes.	no corporation	10 50	ara or director	o. i noraby	docopt the app	oomanon as re	gistorea
SIGNATURE										
Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	d Agent	signature required	when re	einstating)	` \	DATE		
12. OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CH	HANGES T	O OFFICERS	AND DIRECTO	RS IN 12
TIME P	☐ DELE	TE 1.1 Τ	TLE.			73 (13/4)2			Change	[ ] Addition
NAME WALTERS, EUSTACE		1.2 N	AME			and the surface	G i			_
	ITE 114					•				
	IE 114		IKEET	ADDRESS						
CITY-ST-ZIP MIAMI FL										
TITLE S. TAY CO.			ITY-ST-	-ZIP			•		•	
	☐ DELE			-ZIP			·		• ☐ Change	Addition
NAME WALTERS, EUSTACE	☐ DELE		TLE	-ZIP		·.			• Change	Addition
NAME WALTERS, EUSTACE STREET ADDRESS 19735 NW 13TH AVENUE	☐ DELE	TE 2.1 ΤΤ 2.2 N	ITLE AME	ADDRESS		· .	· · ·		• ☐ Change	☐ Addition
STREET ADDRESS 19735 NW 13TH AVENUE		TE 2.1 π 2.2 N/ 2.3 ST	ITLE AME TREET	ADDRESS		·.	<u> </u>		_ Change	☐ Addition
STREET ADDRESS 19735 NW 13TH AVENUE MIAMI FL		2.1 π 2.2 N 2.3 ST 2.4 C	ITLE AME TREET / CITY-ST	ADDRESS		· .		•		
STREET ADDRESS 19735 NW 13TH AVENUE MIAMI FL		2.1 TI 2.2 NV 2.3 ST 2.4 C	TILE AME TREET / CITY-ST TLE	ADDRESS		· .			Change	Addition
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14. I 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 if changed, or on an attachage at with an address, with all other like empowered.

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90049 021 \*\*\*150.00