2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 01, 2004 08:00 AM DOCUMENT # P96000006066 **Secretary of State** 1. Entity Name NATIONAL ASSOCIATION OF FRAUD INVESTIGATORS, INC. Principal Place of Business Mailing Address 728 FENTRESS BLVD 728 FENTRESS BLV DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3368020 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARKIN, MARSHALL H Street Address (P.O. Box Number is Not Acceptable) 149-P SOUTH RIDGEWOOD AVENUE SUITE 710 DAYTONA BEACH FL 32114 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. MIF ☐ Delete TITLE ☐ Change ☐ Addition ALTES, HARVEY C. NAME U00000072610 NAME STREET ADDRESS 728 FENTRESS BLVD. STREET ADDRESS *53/02/04-80002-002 150.0*0 CITY-ST-ZIP DAYTONA BEACH FL COY-SI-ZIP VΡ ☐ Change Addition TITLE ☐ Delete fin F NAME BARKIN, MARSHALL H STREET ADDRESS 149-P S. RIDGEWOOD AVE. STE. 710 STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Oetete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST - ZIP Change ☐ Addition Defete TITLE TEST NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

HARVEY C ALTES

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED