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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013898 (7)

SOG INVESTIGATIONS, INC.

Principal Place of Business Mailing Address 122 SW B5TH TERRACE 122 SW 85TH TERRACE **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071-7540 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0650996 Not Applicable 21 26 Suite. Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional × 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country 7<sub>in</sub> 8. This corporation has liability for intangible tax under s. 199.032, Yes 29 30 Florida Statutes 24 (25 ( 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PARKERSON, KENNETH I 122 SW 85TH TERRACE Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 84 City Zip Code 85 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, typed or proded name of registered agont and title J approable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) THE ☐ DELETE 1.1 TITLE ☐ Change Addition DAVID A BONER NAME PARKERSON, KENNETH I 1.2 NAME 975w 96 Ave 122 SW 85TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** PLANTATTUN FIL CITY ST ZIP 1.4 CITY-ST-ZIP "Y DELETE ☐ Change Addition 2.1 TITLE THE SIMS: JAMES K-22 NAME PATRICK FLYNN NAME 6698 LAKELAND COURT 2 3 STREET ADDRESS 705 100 SHEEFFOCER STREET ADDRESS JUPITER PL 33458 2. 4 CITY-ST-ZIP MARATHON 12 33050 CITY-ST-205 DELETE Change Addition 3.1 TITLE Sims, James K 3 2 NAME NAM: 6698 LAKELAND COUNT 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-ZIP CHTY: ST-7/P DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY- ST-ZiP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition THE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-SI-ZIF DELETE ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SI-ZIP 14. If do 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 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 13 if changed, or on an attrichment with an address.

SIGNATURE:

FILED

Apr 18 1997 8:00am

Secretary of State

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