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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P96000015401 (8)

A VERY PRIVATE EYE, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- E SANGIANG LICH GREEN MISON MORTH MAILLE MAILLE MAILLE	II BU BINI BIRII B	TAIRL FIND FANC
4589 SOUTHFIELD AVENUE 4589 SOUTHFIEL ORLANDO FL 32812 ORLANDO FL 32			/ENUE			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified 02/15/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21	-	}-¬ ~	26			NOT APPLICABLE	h	lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Additional
22		27	27			5. Certificate of Status Desired		Required
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has paid the o		
24	25 S. Name and Address of Cur	29	30	90		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curr	rent Hegistered Agent		B1 N	Name	10. Name and Address of New Registere	u Agent	
RAHN, CHARLES T								
	89 SOUTHFIELD AVENUE RLANDO FL 32812			82 S	Street Addre	Address (P.O. Box Number is Not Acceptable)		
Un	ILANDO FL 32812			83				
				84 (City	F	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida S	tatutes, the ab	ove-n	amed corpo	pration submits this statement for the purpose	of changing	its registered
office or re	egistored agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change v ligations of Section 607 050	vas authorized 5. Elorida Stati	t by th	e corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as	s registered
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,					ļ
	Signature, typed or pouled auton of requirered			Agent s	ignature require	d when reinstating! DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	OP Rahn, Charles T	☐ DELETE					☐ Change	Addition
NAME	4589 SOUTHFIELD AVE.		1.2 NA					
STREET ADDRESS	ON ANDO EL GODAG			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	DELETE			1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition
NAME				2.2 NAME				_)
STREET ADDRESS			2.3 ST	REET ADO	DRESS	X.3		
CITY-ST-ZIP				TY-\$1-2	?IP	,		
TITLE	DELETE			3.1 TITLE			Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADI	DRES\$			Ì
CITY-ST-ZIP				TY-ST-Z	ZIP			
TITLE	DILETE			4.1 TITLE			Change	Addition
NAME			4. 2 N/					
STREET ADDRESS				REET ADO				
CITY-ST-ZIP				4.4 CITY - ST - ZIP			Change	Addition
TITLE	L_J DELETE		1	5.1 TITLE 5.2 NAME				☐ vocation [
NAME					oneoù			
STREET ADDRESS				REET ADO				
CITY-S1-ZIP TITLE				Y-ST-Z	ir		Change	Addition
NAME		L. Ditter	6.2 NA				Only	
STREET ADDRESS				MEET ADE	DRESS			
CITY-S1-ZIP				Y-SI-Z				

14. Thereby 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 suppliemental 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 of 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 charged, or an attachment with an eddress

SIGNATURE:

CHANCE TO RAYIN 3-31-58 (407) 273-6646