

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000036955 (8)

1. Corporation Name

PALM BEACH INVESTIGATIONS, INC.

Principal Place of Business

P.O. BOX 3118  
PALM BEACH FL 33480

Mailing Address

P.O. BOX 3118  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0748221

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R  
1645 PALM BEACH LAKES BOULEVARD, SUITE 720  
WEST PALM BEACH FL 33401

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 ☐ DELETE

PD  
NAME TATE, LATONNA H  
STREET ADDRESS C/O 315 SOUTH LAKE DRIVE, APT. #5C  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

STD  
NAME TATE, CHARLES N  
STREET ADDRESS C/O 315 SOUTH LAKES DRIVE, APT. #5C  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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 attachment with an address.

FILED  
97 AUG 20 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (4/97)

(2)

**PALM BEACH INVESTIGATIONS, INC.  
P.O. BOX 3118  
PALM BEACH, FLORIDA 33480**

**TO WHOM IT MAY CONCERN:**

**WE ARE IN RECEIPT OF OUR "2ND NOTICE" 1997 PROFIT CORPORATE ANNUAL REPORT PACKET. WE ARE A NEW FLORIDA CORPORATION, AND PRIOR TO THE RECEIPT OF THIS DOCUMENT, WE HAD RECEIVED NO OTHER CORRESPONDENCE REGARDING THE \$165.00 FILING FEE. WE HAVE ALSO BEEN MADE AWARE, BY YOUR OFFICE, THAT IN THE FUTURE IT IS OUR RESPONSIBILITY ON A YEARLY BASIS TO FILE THIS ANNUAL REPORT WITH THE APPROPRIATE FEE.**

**I RESPECTFULLY REQUEST YOU ACCEPT THE NORMAL FEE WITHOUT PENALTY OF \$165.00, AS I ASSURE THIS WILL BE PROPERLY HANDLED IN FUTURE YEARS.**

**IF I MAY PROVIDE YOU WITH ANY FURTHER INFORMATION REGARDING THIS MATTER, PLEASE DO NOT HESITATE TO CALL ME AT (561) 655-0177.**

**THANK YOU,**

  
**CHARLES N. TATE  
DIRECTOR**