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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # P96000037497 (0)

1. Corporation Name

HI POWERED INTERNATIONAL INVESTIGATIONS INC.

Principal Place of Business

1033 S.W. BILTMORE STREET  
PORT ST. LUCIE FL 34984

Mailing Address

1618 SW CAISOR AVENUE  
PORT ST. LUCIE FL 34953-4946



3. Date Incorporated or Qualified

04/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 10660 South US 1

Suite, Apt. #, etc.

22 PORT ST LUCIE

City & State

23 FLORIDA

Zip

24 34952

Country

25 ST LUCIE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

65-06399.95

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIMALDI, CHRISTOPHER J  
1618 SW CAISOR AVENUE  
PORT ST. LUCIE FL 34953

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 *Christopher J. Grimaldi*

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GRIMALDO, CHRISTOPHER J  
STREET ADDRESS 1033 S.W. BILTMORE STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34984

TITLE ☐ DELETE

NAME BIRTH, DAVID A  
STREET ADDRESS 1033 SW BILTMORE STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34984

TITLE ☐ DELETE

NAME BIRTH, DONALD H  
STREET ADDRESS 1033 SW BILTMORE STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34984

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

10660 South US 1  
PORT ST LUCIE FL 34952

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

10660 South US 1  
PORT ST LUCIE FL 34952

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

10660 South US 1  
PORT ST LUCIE FL 34952

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

10660 South US 1  
PORT ST LUCIE FL 34952

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

10660 South US 1  
PORT ST LUCIE FL 34952

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

10660 South US 1  
PORT ST LUCIE FL 34952

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.

SIGNATURE *Christopher J. Grimaldi*

CR2E034 (9/96)