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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000042391 (8)

FILED May 12 1997 8:00am Secretary of State

	/ESTIGAT	ONS, INC.												
Principal Place of Business 5385 CEDAR LAKE ROAD. #15-21 BOYNTON BEACH FL 33437			5385 CE	Mailing Address 5385 CEDAR LAKE ROAD. #15-21 BOYNTON BEACH FL 33437-3064					, , , , , , , , , , , , , , , , , , ,	4 4 4 .11 4 5.11 (# F1### 9119)		1141 1441
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2. Principal P	lace of Busin	ess	2a. Maili	ing Address			······· , ~····	4, FE	l Number			T	App	lied For
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Suite, Apt	#, etc		Suite 27	e, Apt. #, etc.				5. C	ertificate of Sta	tus Desired			5 Ac Req	ditional uired
City & State	e		City 28	& State					ection Campai ust Fund Contr	-				May Be Fees
Zip	T	Country	Zip		Coun	itry			nis corporation					
24	Ī	25	29		30				orida Statutes		Yes	□ No		
	g, Name	and Address of C	urrent Registered	Agent				10. N	ame and Adde	ess of New	Registered	Agent		
PAY	NE, RUSSE	LL J			1	B1 1	Name							
538	5 CEDAR L	AKE ROAD, #15 .CH FL 33437	5-21		Ì	82 5	Street Ad	ldress (P.O	. Box Number	s Not Accep	table)			
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								rnovation o	ubmits this sta	tement for the	e purpose o	t changi	no its	registered
office or r agent 1 a	to the provision of the	ons of Sections 60 ent, or both, in the h, and accept the	07.0502 and 607.15 State of Florida St obligations of, Sec	i08, Florida Statu uch change was tion 607.0505, F	utes, the ab- authorized Florida Statu	ove-n by th ites.	named co	ration's boa	rd of directors	I hereby acc	cept the ap	oointmen	t as re	egistered
office or r agent 1 a SIGNATURE										I hareby acc	DATE	oointmen	t as re	egistered
		и printed name of registe	07.0502 and 607.15 State of Florida State of Florida State of State obligations of, Sec ered agont and title if applie RS AND DIRECTOR:	sable (NO	utes, the ab- s authorized lorida Statu DIE Registered			quired when rein			DATE			
SIGNATURE		и printed name of registe	ered agont and title if applic	sable (NO	DIE Registered	Agent s		quired when rein	nslating)		DATE		TORS	
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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 eath; that I am an officer or furector of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block fi2 or Block 13 if changed, or on an attachment with in address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/97 561.

561-739-9497

MOUNT BE