

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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000065269 (8)

1. Corporation Name

EBONY INVESTIGATIVE AGENCY, INC.

Principal Place of Business

4720 N.W. 14TH STREET  
LAUDERHILL FL 33313

Mailing Address

4720 N.W. 14TH STREET  
LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0685724

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SMITH, CHRISTOPHER L  
110 S.E. 6TH STREET  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Richard TOBIN  
82 Street Address (P.O. Box Number is Not Acceptable)  
200 SE 18th CT  
83  
84 City Fort LAUDERDALE FL 85 Zip Code 33316

11. Pursuant to the provisions of Sections 607.0102 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 of Registered Agent)

(NOTE: Registered Agent signature required when reinstalling)

2/19/98  
DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP         | DELETE                   |
|-------|------------------|-----------------------|---------------------|--------------------------|
|       | D PAYNE, JOYCE A | 4720 N.W. 14TH STREET | LAUDERHILL FL 33313 | <input type="checkbox"/> |
|       |                  |                       |                     | <input type="checkbox"/> |
|       |                  |                       |                     | <input type="checkbox"/> |
|       |                  |                       |                     | <input type="checkbox"/> |
|       |                  |                       |                     | <input type="checkbox"/> |
|       |                  |                       |                     | <input type="checkbox"/> |
|       |                  |                       |                     | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE  | 12 NAME  | 13 STREET ADDRESS  | 14 CITY-ST-ZIP  | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

14. I 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: Joyce A. Payne, JOYCE A. PAYNE

3/11/1998

CF2E034 (10/97)