

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

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 24 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076894 (0)

1. Corporation Name
CONFIDENTIAL INVESTIGATIONS, INC.



Principal Place of Business
1500 NORTHEAST 43 STREET
FT. LAUDERDALE FL 33334

Mailing Address
P.O. BOX 39765
FT. LAUDERDALE FL 33339-9765

3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report
4. FEI Number 65-0696254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name William Chuma	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable) 1500 Northeast 43 Street	
83	
84 City Ft. Lauderdale	85 Zip Code 33334

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 William Chuma DATE 3-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUMA, WILLIAM	1.2 NAME	
STREET ADDRESS	1500 NORTHEAST 43 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (9/96)

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EVER AND COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
ONE FINANCIAL PLAZA • SUITE 2100
PORT LAUDERDALE, FLORIDA 33304
BROWARD (954) 523-1300
DADE (305) 947-3615 • BOCA (561) 368-3515
FAX (954) 523-6510

JUDAH H. EVER, CPA
NORMA L. BERKMAN, CPA

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

June 18, 1997

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Confidential Investigations, Inc.

Gentlemen:

We are writing as the accountants for the above referenced taxpayer.

We are in receipt of your letter dated April 4, 1997 (copy attached) asking for the Federal Employer Identification Number. We are enclosing the corrected Annual Report which now reflects the number.

We are requesting a waiver of the late fee as the taxpayer did not receive this notice until June 5, 1997. Enclosed is a copy of the envelope which shows that the notice had to be forwarded. The taxpayer makes every effort to comply with the filing requirements. No willful neglect was intended. We appreciate your assistance in this matter.

Very truly yours,

~~EVER AND COMPANY~~

Judah H. Ever

JHE:djs

Enclosure

c: Confidential Investigations, Inc.