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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000080724

1. Corporation Name

**COLONIAL INVESTIGATIONS AND SECURITY CONSULTANTS** , INC.

Principal	Place of Business
1536 NW	ATH AVENUE

Mailing Address

POST OFFICE BOX 1527

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90194 024 \*\*\*150.00



HOMESTEAD FL 33030		HOMESTEAD FL 33090		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	<del>,</del>	
					09/26/1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			<b>65</b> -0707521		Not Applicable
Suite, Apt.		- Suite; Apt. #, etc.		-*.	5. Certificate of Status Desired		5 Additional
22		27					e Required
City & State	e	City & State			6. Election Campaign Financing		00 May Be
23			0		Trust Fund Contribution		led to Fees
— Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible Yes	⊠No
24	25	29 30	)		Personal Property Tax.  10. Name and Address of New Registered		2410
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Raille alto Address of New Registered	Agent	
PRA	CHER, DOUGLAS J ESQ.		["				
	NORTH KROME AVENUE		82	82 Street Address (P.O. Box Number is Not Acceptable)			
HOMESTEAD FL 33030			83	02			
11011			63				
			84	City	FL	85	Zip Code
				l	poration submits this statement for the purpose of	-	a ito registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was auth	ionzed by	tne corporat	ion's board of directors. I hereby accept the appo	intment a	s registered
SIGNATURE							
3101471011	Stgnature, typed or printed name of registered ager			nt signature requir	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	
TITLE	PT	☐ DELETE	1.1 TITLE			∐ ¢nar	nge Li Addition
NAME	WHEELER, JOSEPH H		1.2 NAME				
STREET ADDRESS	1536 N.W. 8TH AVENUE		1.3 STREE	TADDRESS			
CITY-ST-ZIP	HOMESTEAD FL		1.4 CITY-S	T-ZIP		[] (h-	nge Addition
TITLE	VS	☐ DELETE	2.1 TITLE			Char	ige Addition
NAME	WHEELER, KATHLEEN K		2.2 NAME	ļ			
STREET ADDRESS	1536 N.W. 8TH AVENUE	The second second	2.3 STREE	TADORESS	e e e e e e e e e e e e e e e e e e e		:
CTTY-ST-ZIP	HOMESTEAD FL		2. 4 CITY-5	T-ZIP			
TITLE	·	DELETE	3.1 TITLE			Char	nge
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	ſ		Cha	nge
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Char	nge Addition
NAME			5.2 NAME		•		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY+S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge 🗌 Addition
NAME -	St. St. Carre	•	6.2 NAME				
STREET ADDRESS	,	•	6.3 STREE	TADDRESS			
CITY-ST-7IP	Same Same		6.4 CITY-S	T-ZIP			

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, with all other like empowered.

305-246-8720