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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000082332

1. Corporation Name

JHL INVESTIGATIONS, INC.

Principal Pla	ace of Business	Mai	ling Addre	5\$					7 10011001 110 10110 01111 0011		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3717 S DIXIE	HWY SUITE 1			IVE NORTH								
-,	ACH FL 33405	PAL	M BEACH	GARDENS FL 3	3418				DO NOT WRIT	E IN THIS	SPACE	
US							-	3	Date Incorporated or Qualifed	<u> </u>		
1							ļ	J.	10/04/1996			
2 Principal	Place of Business	22	Mailing Ad	dress				4.	FEI Number		Ap	plied For
21	Tilde of Business	26						••	59-3407595		_ 	t Applicable
	pt. #, etc.		Suite, Apt.	#, etc.	-			_			\$8.75	Additional
22		27						5.	Certifcate of Status Desired		Fee Re	equired
City & S	tate -		City & Sta	te_				6.	Election Campaign Financing	□ -·	\$5.00	
23		28							Trust Fund Contribution		Added	to Fees
Zip	Country	\Box	Zip	_	Country			8.	This corporation owes the curre	ent year Inta		
24	25	29		30	1				Personal Property Tax.		☐ Yes	□No
- !	9. Name and Address of Current	Regist	ered Agen	<u>t</u>	81	Name		10.	Name and Address of New R	egisterea /	Agent	
1 F	EVEY, JOHN H				"	Ivaiii	7					
	370 68TH DRIVE NORTH				82	Stree	t Addres	s (P	O. Box Number is Not Accepta	ble)		į
	ALM BEACH GARDENS FL 33418				83							
,	EN DE ION GUIDENO 12 GOVIG				63							_
!					84	City				FL	85 Zip	Code
44 Dumun	nt to the provisions of Sections 607.0502	and 60	7 1508 FI	orida Statutes	the above	-name	d comor	ation	submits this statement for the	ourpose of	_ changing its	registered
office' o	er registered agent or both in the State of	f Florids	s Such cha	ande was auth	OUSEU DA	ine cor	poration	s bo	ard of directors. I hereby accep	t the appoir	ıtment as re	gistered
1	I am familiar with, and accept the obligation	ons of,	Section 60	7.0505, Florida			.		2 -	15-	00	
SIGNATUR	Signature, typed or printed name of registered agent	and title if	applicable.	(NOTE: Re	gistered Ager	t signatur	e required w	rhen re	einstating)	DATE	/ /	
12.	OFFICERS AND				13.			- /	ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE :	PD /		Ū	DELETE	1.1 TITLE		ŀ		•		Change	☐ Addition
NAME ;	LEVEY, JOHN H				1.2 NAME				•			
STREET ADDRE					1.3 STREET	ADDRES	s		•			Į
CITY-ST-ZIP i	PALM BEACH GARDENS FL				1.4 CITY-S	T-ZIP						
TITLE	VP .			DELETE	2.1 TITLE		İ				Change	Addition
NAME .	LEVEY, Cynthia H.				2.2 NAME							1
STREET ADDRE	is 14370 68th Drive North											
CITY-ST-ZIP					2.3 STREET	ADDRES	S					ļ
	Palm Beach Gardens, FL			DELETE.	2. 4 CITY-S		s				Change	□ Addition
TITLE	Palm Beach Gardens, FL			DELETE	2. 4 CITY-S 3.1 TITLE		S	_		•	☐ Change	☐ Addition
TITLE NAME				DELETE	2.4 CITY-S 3.1 TITLE 3.2 NAME	:T-ZIP		-			☐ Change	☐ Addition
TITLE				DELETE	2. 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	T-ZIP				•	☐ Change	☐ Addition
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NAME STREET ADDRE CITY-ST-ZIP				DELETE	2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T-ZIP				•	☐ Change	☐ Addition
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CITY-ST-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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90036 003 ***150.00