Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90097 030 ***150.00

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 # P96000086388

1. Corporation Name

EVI INVESTIGATIONS & RECOVERY INC

1 . 4 . .	LONGANONO & NEOOV	LITT, RIVO.								
Principal Place	of Business	Mailing Ad	Idress				i impilant lig inila nitu galli a	Titil BBIII BBIBL	16118 Ellab lital t	3101 1911 1201
14007 WATERLINE ROAD 14007 WATERLINE ROAD BRADENTON FL 34202 BRADENTON FL 34202										
DIADERTOR LE 34202							DO NOT WR	ITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed	l		
							10/18/1996			
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number		App	lied For
21		26					65-0699569		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired		\$8.75 A	dditional
27							5. Certificate of Status Desired	ليبا	Fee Rec	ųuired .
City & State		City &	State				6. Election Campaign Financing		\$5.00 N	May Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	·	Cour	itry		8. This corporation owes the cur	- rent year Int	angible	
24	25	29	[:	30			Personal Property Tax.		☑ Yes [□No
	9. Name and Address of Curr	ent Registered A	gent				10. Name and Address of New	Registered	Agent	
					81 Nam	ne	•			
DILKS, MICHELLE					82 Stree	at Addros	ss (P.O. Box Number is Not Accep			
14007 WATERLINE ROAD					02 Sue	et Audios	ss (F.O. Box Mulliber is Mot Accep	,abic)		
BRADENTON FL 34202					83					
										
					84 City			FL	85 Zip C	ode
44 Duminet	to the provisions of Sections 607.0	E02 and 607 1508	Elorida Statute	e the ah	ove-name	ed comor	ration submits this statement for the	e purpose of	changing its	registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such	i chânge was au	thonzed	by the cor	rporation	's board of directors. I hereby acce	pt the appoi	ntment as reg	istered
SIGNATURE										
C/O/W//O/NE	Signature, typed or printed name of registered a	<u> </u>			Agent signatur	re required v	when reinstating)	DATE		50.01.40
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	P		DELETE	11 TIT	_E				Change	☐ Addition I
NAME	VANNACCI, FRANCO M.			1.2 NA	ИE					
STREET ADDRESS	14007 WATERLINE RD.			1.3 STI	REET ADDRES	ss				Į
CITY-ST-ZIP	BRADENTON FL			1.4 CIT	Y-ST-ZIP					
TITLE	ST		☐ DELETE	2.1 TIT	Æ		•		Change	☐ Addition
NAME	DILKS, MICHELLE			2.2 NA	ИE		-			
STREET ADDRESS	14007 WATERLINE RD.			2.3 STI	REET ADDRES	ss	•	•		٠ .
C/TY-ST-ZIP	BRADENTON FL			2, 4 CI	Y-ST-ZIP					
TITLE		_	DELETE	3.1 TIT					☐ Change	☐ Addition
NAME				32 NA	ME					
STREET ADDRESS					REET ADDRES	ss				
1					Y-ST-ZIP					,
CITY-ST-ZIP			DELETE	4,1 TIT					Change	Addition
				4. 2 NA						Į
NAME										ļ
STREET ADDRESS					REET ADDRES	33				
CITY-ST-ZIP			DELETE	_	Y-ST-ZIP				Change	☐ Addition
TITLE			□ DETE IE	5.1 TIT					- Cilenda	_,
NAME				5 2 NA						
STREET ADDRESS				1	REET ADDRES	22		•		{
CITY-ST-ZIP .	.*				Y-ST-ZIP					
TITLE			□ DELETE	6.1 TIT	LC	1			Change	☐ Addition

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:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP