

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 # P96000094105

1. Corporation Name
CAPITOL CITY INVESTIGATIONS INC.

Principal Place of Business
10100 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address
P.O. BOX 4727
CORAL SPRINGS FL 33075

FILED

99 MAR -5 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number
65-0745712

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

□ Yes □ No

2. Principal Place of Business

21 3300 UNIVERSITY DR

2a. Mailing Address

26 1177 BRANHAM LANE

Suite, Apt. #, etc.

22 Suite # 501

Suite, Apt. #, etc.

27 Suite 183

City & State

23 CORAL SPRINGS FL

City & State

28 SAN JOSE CA

Zip

24 33065

Country

25 US

Zip

29 95118

Country

30 US

9. Name and Address of Current Registered Agent

KRASNOVE, KEITH M
40100 W. SAMPLE ROAD 12769 NW 18TH MANOR
THIRD FLOOR CORAL SPRINGS FL
CORAL SPRINGS FL 33065-33071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVDS ☐ DELETE

NAME KRASNOVE, KEITH M

STREET ADDRESS 40100 W. SAMPLE ROAD 12769 NW 18TH MANOR

CITY-ST-ZIP CORAL SPRINGS FL 33065-33071

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

12769 NW 18TH MANOR
CORAL SPRINGS FL 33071

☐ Change ☐ Addition

100002796891--5

-03/08/99--01001--016

*****150.00 *****150.00

☐ Change ☐ Addition

100002796891--5

-03/08/99--01001--017

*****8.75 *****8.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (11/98)