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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000097933 (1)

FORENSIC SOLUTIONS, INC.

## FILED May 07 1998 8:00am Secretary of State



				-{	
Principal Place of Business Mailing Address					
8447 BOCA GLADES BLVD E P.O.BOX 970453					
BOCA RATON FL 33434 BOCA RATON FL 33497 US				DO NOT WRITE IN THIS SPACE	
		00		3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
				12/04/1996	
2. Principal Pl	lace of Business	2a. Mailing Address			Applied For
21 436	o North Laka Blud	26 4360 Nort	thake Best	65-0718029	Not Applicable
Suite, Apt.	#, <b>el</b> c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 42	109	27 Sut 20	19	5. Certificate of Status Desired	Fee Required
23 Pales State	Beach Gurdens, Pl	28 Calm Bas	de Kuster	Election Campaign Financing     Trust Fund Contribution	\$5.00 May 8e Added to Fees
Zip	Country	2 - 1110	Country	8. This corporation owes or has paid the co	
24 <b>33</b> 4	16 25	29 33710 30	)	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered	I Agent
HOWARD, P. TIM					
2787 E OAKLAND PARK BLVD, SUITE 204 82 Syeet Address (P.O. So				ess (P.O/Box Number is Not Acceptable)	
FT LAUDERDALE FL 33306					
			83	t 708	
			84 City	A 4 4 1	85 Zip Code
			Pal	m Beach Garden Fl	-     75 <i>5 410</i>
11. Pursuant	to the provisions of Sections 607 0502 a	and 607.1508, Florida Stalulos,	the above-named corp	oration 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE	WIRON	W.	1. Berce	2/27	19 R
	Signature peaks printed name of registered agents			ud when reinstating) DATE	<del></del>
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P	☐ DELĒTE	1.1 TITLE		Change Addition
NAME	BERGER, WALTER J		1.2 NAMÉ		
STREET ADDRESS	8447 BOCA GLADES BLVD E		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CiTY - ST - ZIP		
TITLE	V	☐ DELETE	21 TITLE	•	Change L Addition
NAME	NAFTAL, ROSEMARYE I		2 2 NAME		
STREET ADDRESS	8447 BOCA GLADES BLVD E		2 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		2 4 CiTY-ST-ZIP		
TITLE		L DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 \$1REF1 ADDRESS		
CITY-ST-ZiP		DELETE	3 4. CITY - ST - 7IP		Change Addition
TITLE		☐ DELETE	4.1 TOLE		L Griange L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		ron htt	4 4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	51 TRLE		The custon The vocation
NAME			5.2 NAME		
STREET ADDRESS			5.9 STREET ADDRESS		
CITY+ST-ZIP			5 4 CITY-S1-ZIP		Obenne Laure-
TITLE		☐ DELETE	61 THILE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied with	This filing does not qualify for t	he exemption stated in t	Section 119.07(3)(i). Florida Statutes. I further	certify that the information

4. I hereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further exhibit 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.

1.//P.