

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

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90036 034 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099883

1. Corporation Name
VA DETECTIVE AGENCY AND SECURITY PATROL, INC.



Principal Place of Business
5440 N STATE RD 7
#221
FT LAUDERDALE FL 33319
US

Mailing Address
5440 N STATE RD 7
#221
FT LAUDERDALE FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1996

4. FEI Number
65-0713940

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALFEO, VINCENT
4701 NW 34 ST APT 404
LAUDERDALE LAKES FL 33319

81 Name
ALFEO, VINCENT
82 Street Address (P.O. Box Number is Not Acceptable)
5440 N. STATE RD. 7, SUITE 221
83
84 City
FT. LAUDERDALE FL 85 Zip Code
33319

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 VINCENT ALFEO

(NOTE: Registered Agent signature required when reinstating)

DATE

03-04-1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ALFEO, VINCENT
STREET ADDRESS 4701 NW 34 ST APT 404
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

1.1 TITLE PP ☐ Change ☐ Addition
1.2 NAME DE NADAI ALFEO, INEZ
1.3 STREET ADDRESS 5440 N. STATE RD. 7, SUITE 221
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33319

TITLE VP ☐ DELETE
NAME DE NADAI ALFEO, INEZ
STREET ADDRESS 4701 NW 34TH ST, APT 404
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME D
2.3 STREET ADDRESS 5440 N. STATE RD. 7, SUITE 221
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33319

TITLE ST ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME DE NADAI ALFEO, INEZ
3.3 STREET ADDRESS 5440 N. STATE RD. 7, SUITE 221
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33319

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: INEZ DE NADAI ALFEO 03/04/99 (95H) 485-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)