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FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101378 (3)

1. Corporation Name

ALL EYES ON YOU INVESTIGATIONS, INC.

Principal Place of Business

9425 LONGMEADOW CIR
BOYNTON BEACH FL 33436

Mailing Address

P O BOX 4753
BOYNTON BEACH FL 33424-4753



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/13/1996		N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0721845		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		XX \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24		29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30				Yes No	

9. Name and Address of Current Registered Agent

RIEGER, MITCHELL
9425 LONGMEADOW CIR
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

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 Mitchell Rieger Mitchell Rieger 02-13-97
Signature (typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent Signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME		1.2 NAME	Mitchell S. Rieger
STREET ADDRESS		1.3 STREET ADDRESS	9425 Longmeadow Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boynton Beach, FL 33436 ☐ Change ☒ Addition
TITLE	☐ DELETE	2.1 TITLE	V/T/S
NAME		2.2 NAME	Denese Rieger
STREET ADDRESS		2.3 STREET ADDRESS	9425 Longmeadow Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boynton Beach, FL 33436 ☐ Change ☐ Addition
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Mitchell Rieger

Mitchell Rieger

(561) 785-0550

CR2E034 (9/96)