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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101378

ALL EYES ON YOU INVESTIGATIONS, INC.

Principal Place of	Bus	iness	
MOS LONGMEADO	w ci	D	

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90270 013 ***150.00



Principal Place	e of Business	Mailing Address							
9425 LONGMEA	ADOW CIR	P O BOX 4753							
BOYNTON BEA	ICH FL 33436	BOYNTON BEACH FL 33424			i	DO NOT WRIT	E IN THIS S	SPACE	
					-	3. Date Incorporated or Qualifed		702	
					}	12/13/1996			l
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
	lade of business	26				65-0721845		\vdash	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
	, 60.	27			ļ	5. Certifcate of Status Desired			Required
City & State	·A	City & State				6. Election Campaign Financing		\$5.00	0 May Be
23	-	28				Trust Fund Contribution			t to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the curre	nt year Inta	ngible	
24	25	29 3	0			Personal Property Tax.	•	Yes	□No
1	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered A	gent	
				B1 Na	ime				
	BER, MITCHELL		-	82 Str	reet Address	(P.O. Box Number is Not Acceptab	ole)		
	5 LONGMEADOW CIR			0.,	00171001030	(1.0. Dox Hambel to Hot Hooping	,,		
BOY	'NTON BEACH FL 33436		1	B3					
			ļ.					DE 7:-	o Code
			'	B4 Cit	ty 		FL-	85 Zip	~~-
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	, the ab	ove-nar	ned corpora	tion submits this statement for the p	urpose of o	hanging i	ts registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was aut	horized	by the c	corporation's	board of directors. I hereby accept	the appoin	tment as	registered
SIGNATURE							DATE		
	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	egistered A	gent signa	ature required wh			2 010507	5000 IN 40
	OFFICEDS A	ND DIDECTORS	42			ADDITIONS/CHANGES TO DEE	ICEDS AND		
12.		ND DIRECTORS	13.	F		ADDITIONS/CHANGES TO OFF	ICERS AND		
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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.