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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007374 (6)

JUST-US INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 08 1998 8:00am Secretary of State



× 4/3/98

		2650 NE 52ND STREET LIGHTHOUSE POINT FL 3	33064-7052	3. Date Incorporated or Qualified		
6 Principal P	lace of Business	1 - 44-11-2 4 44-11-2		01/21/1997		
	0-181 Circle South	2a. Mailing Address	n la . n	4, FEI Number	Applied For	
Suite, Apt.	#. etc	Suite, Apt. #, etc.	Circle Sou	11 03-0/27481	Not Applicable	
22		27			\$8.75 Additional Fee Required	
23 800	a Raton FL	City & State  28 Boca Rot		B. Election Campaign Financing     Trust Fund Contribution		
Zip 24 334	Country	7ip	Country	8. This corporation owes or has paid t	<b>—</b> ' — "	
24] 357	9. Name and Address of Current	29 33498 36	<u> </u>	Personal Property Tax due June 30.  10. Name and Address of New Regis		
81 Name						
WILLIAMS, STEPHEN G 2650 NE 52ND STREET LIGHTHOUSE POINT FL 33064-7052  **Street Address (P.O. Box Number is Not Acceptable) 18220-181 Circle South 83						
			84 City	Boca Roton	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 forda 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 X SURIUS 1. JUNIOR X 4/3/98						
12.	Signature, spied or pointed name of registrated afternion.  OFFICERS AND		legistered Agent signature re	ADDITIONS/CHANGES TO OFFICER	DATE	
TITLE	PSTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition	
NAME	SCHIAVONE, LUCIEN P		1.2 NAME			
STREET ADDRESS	18220 - 181 CIRCLE SOUTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY-ST-ZIP			
TITLE	DOON INTOINTE 33480	DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME		_ change _ nationion	
STREET ADDRESS			2.3 STREET ADDRESS	,	5.1	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	•		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST- ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City-St-ZiP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME ·			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
HAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 furstee 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 opin attachasent with an address.						