

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P97000009512
1. Corporation Name
**SOUTH EASTERN ASSOCIATION of Private
INVESTIGATORS, INC.**

Principal Place of Business 8362 PINES BLVD #215 Pembroke Pines, FL 33024	Mailing Address 8362 PINES BLVD. #215 Pembroke Pines, FL 33024
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8362 PINES BLVD.		2a. Mailing Address 26 8362 PINES BLVD.		3. Date Incorporated or Qualified 1/27/97	
Suite, Apt. #, etc. 22 215		Suite, Apt. #, etc. 27 215		4. FEI Number 65-0732519	
City & State 23 Pembroke Pines, FL		City & State 28 Pembroke Pines, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24 33024		Zip 29 33024		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**RICHARD W. LEWIS
8362 PINES BLVD.
Pembroke Pines, FL 33024**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	* 8362 PINES BLVD.
83	
84 City	PEMBROKE PINES FL
85 Zip Code	33024

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 _____ (Signature, typed or printed name of registered agent and filed applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/V/S/I/T ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BLAIR D. ETtinger	12 NAME	
STREET ADDRESS	8362 PINES BLVD. #215	13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: _____

Blair D. Ettinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98 (954) 442-0911

CR2E034 (10/97)