

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
**Sep 30 1998 8:00am**  
**Secretary of State**

**DOCUMENT # P97000028571 (2)**

1. Corporation Name

**MEGURA INVESTIGATION SERVICES, PA**



Principal Place of Business

**2904 TIMUCUA TRAIL  
NOKOMIS FL 34275**

Mailing Address

**2904 TIMUCUA TRAIL  
NOKOMIS FL 34275**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/28/1997**

4. FEI Number

**05-0741231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**MEGUA, WALTER  
5777 BENEVA ROAD SOUTH  
SARASOTA FL 34275**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83** **5777 Beneva Rd So**

**84** City **Sarasota**

**FL**

**85** Zip Code

**34233**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/12/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**MEGUA, WALTER**  
**2904 TIMUCUA TRAIL**  
**NOKOMIS FL 34275**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**800002653868**  
**-10/02/98--01005--016**  
**\*\*\*150.00**

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 **Walter Megua**

**9/12/98**

CR2E034 (5/98)

2

MEGURA INVESTIGATION SERVICES, PA  
2904 Timucua Trail  
Nokomis, FL 34275

September 15, 1998

Division of Corporations  
Florida Department of State  
P.O. Box 1500  
Tallahassee, FL 32302

Gentlemen:

Please find enclosed my check in the amount of \$150.00  
representing the fee for my annual renewal.

I respectfully request that any penalty be abated **as I NEVER  
received the "first notice" concerning this matter.** The address  
listed is my home address, and occasionally corporate mail is not  
delivered by the post office. In speaking with my attorney, he  
indicated that numerous clients had not received "first notices"  
from the State, due to mailing errors.

Thanking you in advance for your consideration, I remain

Sincerely,



Walter Megura  
President

cc: J.H. Accounting