

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90055 003 \*\*\*158.75

DOCUMENT # P97000028781

1. Corporation Name  
INTRACOASTAL DETECTIVE AGENCY INC.

Principal Place of Business  
2701 E. SUNRISE BLVD.  
SUITE 516  
FT LAUDERDALE FL 33304-3221

Mailing Address  
2701 E. SUNRISE BLVD.  
SUITE 516  
FT LAUDERDALE FL 33304-3221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/31/1997

4. FEI Number  
65-0746434

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 1550 NE 40 ST

2a. Mailing Address  
26 1511 E Commercial Blvd

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27 81

City & State  
23 Oakland Park FL

City & State  
28 Fort Lauderdale, FL

Zip Country  
24 33334 25 USA

Zip Country  
29 33334 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, VALERIE  
SUNRISE BAY BLDG., SUITE 516  
2701 E. SUNRISE BLVD.  
FT LAUDERDALE FL 33301-3221

81 Name  
VALERIE BAILEY  
82 Street Address (P.O. Box Number is Not Acceptable)  
1550 NE 40 ST  
83  
Oakland Park, FL 33334  
84 City  
Oakland Park, FL  
85 Zip Code  
33334

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 *Valerie Bailey*

3-31-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
BAILEY, VALERIE  
1550 N.E. 40TH ST  
OAKLAND PARK FL 33334

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
DIRECTOR  
JARROD BAILEY  
1550 NE 40 ST  
Oakland Park, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SV  
BAILEY, VALERIE  
1550 NE 40TH ST  
OAKLAND PARK FL 33334

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DIRECTOR  
JASON BAILEY  
1550 NE 40 ST  
Oakland Park, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

SIGNATURE *Valerie Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99 (954)564-5455

Date

Daytime Phone #

CR2E034 (1/198)

0311546