

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90027 010 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P97000032686**

1. Corporation Name  
**WINDSTAR INVESTIGATIVE NETWORK, INC.**

Principal Place of Business  
2700 W ATLANTIC BLVD  
SUITE #200-27  
POMPANO BEACH FL 33069

Mailing Address  
2700 W ATLANTIC BLVD  
SUITE #200-27  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/10/1997**

4. FEI Number  
**65-0745988**

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
**902 N.E. 1<sup>ST</sup> ST.**

2a. Mailing Address  
**902 N.E. 1<sup>ST</sup> ST.**

Suite, Apt. #, etc.  
**205**

Suite, Apt. #, etc.  
**205**

City & State  
**POMPANO BEACH, FL**

City & State  
**POMPANO BEACH, FL**

Zip Country  
**33060-6336 USA**

Zip Country  
**33060-6336 USA**

9. Name and Address of Current Registered Agent

**RENZY, RON W P A  
1918 HARRISON STREET, STE 101  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10100 W. SAMPLE RD., SUITE 311**  
83  
84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

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 **RON W. RENZY, P.A.**

**1-6-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME **D MCGHEE, SANDRA** ☐ DELETE  
STREET ADDRESS **2700 W ATLANTIC BLVD SUITE 200-27**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, PRES.** ☒ Change ☐ Addition  
1.2 NAME **SANDRA L. MCGHEE**  
1.3 STREET ADDRESS **902 N.E. 1<sup>ST</sup> ST., SUITE 205**  
1.4 CITY-ST-ZIP **POMPANO BEACH, FL 33060-6336**

2.1 TITLE **D, VP** ☐ Change ☒ Addition  
2.2 NAME **WILLIAM R. MCGHEE**  
2.3 STREET ADDRESS **902 N.E. 1<sup>ST</sup> ST., SUITE 205**  
2.4 CITY-ST-ZIP **POMPANO BEACH, FL 33060-6336**

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

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: **Sandra L. McGhee** **SANDRA L. MCGHEE** **1-6-99** **954/785-2707**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)