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**

DOCUMENT #

1. Corporation Name P97000054132 (0)

FLORIDA INVESTIGATIVE CLAIMS, INC.

Principal Place of Business

Mailing Address

FILED Sep 30 1998 8:00am Secretary of State



682 LESLIE CT. ALTAMONTE SPRINGS FL 32701		602 LESLIE CT. ALTAMONTE SPRINGS FL 32701			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					06/19/1997	
2. Principal P 21 Zol	lace of Business Park Place Suite311	2a. Mailing Address 26 P.O. 150994			4. FEI Number 5773	Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Actamonte Springs FC		28 A Ctamonte Springs FC			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 327		219 32715	Coun 30	lfy 		Yes No
4415	9. Name and Address of Current F	tegistered Agent			10. Name and Address of New Registered	Agent
HARMER, KENNETH A				Name K	Dagger Proces	De la
682 LESUE CT.				Street Add	dress (P.O. Box Number is Not Acceptable)	4-2./
ALTAMONTE SPRINGS FL 32701				20		7 511
201 part pl #311 Actamente springs Flazzol				33		
	ActaMonte 50/141	1632701	ļ.	34 City 1	1 to make Spains El	85 Zip Code JE70/
	, ,		o the shor	17	CTANUATO PINO FL	
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 objection 607.0505, Florida Statutes.						
agent. I a	am familiar with, and accept the obligation	hs o1, section 607.0505, Flo	rida Statu	ies.		
SIGNATURE Signature, typed or pringled name of registered agent and title if applicable (NOTE: Re				d Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	DELETE	1.1 TITL			Change Addition
NAME	HARMER, KENNETH A		1.2 NAM	F	Actaminte Springs 1	501 to 211
STREET ADDRESS	682 LESLIE CT.		1.3 STREET ADDRESS		Detail la collaction	
ALTAMONTE SPRINGS FL 32701			1.4 CITY-ST-ZIP		MUTAMINE SPINGS 1	~ 3270/
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE	DELE		3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STR	ET ADDRESS		
CITY-ST-ZIP			3.4 City	-S1-ZIP		
TITLE	DELETE		4.1 717L		_ ···	Change Addition
NAME			4.2 NAM	E		
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5 1 TITL	E		Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CiTY	-ST-ZIP		
TITLE	DELETE		6.1 TITL			Change Addition
NAME	•		6.2 NAM	E		
STREET ADDRESS			6.3 STR	ET 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 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.