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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P9700066420

NATIONAL ACCESS INVESTIGATIVE AGENCY, INC.

Principal Place of Business

Mailing Address

3400 PINEWALK DRIVE N.

P.O. BOX 772506

CORAL SPRINGS FL 33077

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90098 009 ***158.75

\Box	NOT	WRITE	IN THIS	SPAC

MARGAIE FL 33	1130				20110111111111				
manorie ie oo	~~~				Date Incorporated or Qualifed				
					07/30/1997				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For		
21 3390	PINEWALL DR. N.	26 934 N. UNI	VEKS	SITY DR	65-0761476	No.	t Applicable		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75			
22 101	6	27_406			5. Certificate of Status Desired	Fee.Re	quired		
City & State	6	City & State			6. Election Campaign Financing	\$5.00	May Be		
23 MARGATE, FL 28 CORAL SPRI				S FL	Trust Fund Contribution	Added t	o Fees		
Zip	Country	Zip	Countr	y - O	8. This corporation owes the current year Inta	angible	/		
24 33.E	763 🕫 USA	[29] [3307] [30] -(1S#	Personal Property Tax.	Yes	Mo		
<u> کوت</u>	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered A	Agent			
			8	1 Name					
THOMAS, HILTON P									
	PINEWALK DRIVE N.		8:	82 Street Address (P.O. Box Number is Not Acceptable)					
	GATE FL 33063	•	8:	,——					
IVIANC	ATE I E 00000		8	1					
			84	4 City		85 Zip (Code		
				'	<u> </u>	1			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abo	ve-named corpo	ration submits this statement for the purpose of	changing its	registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho	onzea o	v tne corporation	n's board of directors. I hereby accept the appoir	milent as re	Arsteren		
	,								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Ag	ent signature required					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12		
TITLE	Ρ	☐ DELETE	1,1 TITLE			Change	☐ Addition		
NAMÉ	THOMAS, HILTON P		1.2 NAME	:					
				ET ADDRESS					
	MARGATE FL 33063	☐ DELETE	1.4 CITY- 2.1 TITLE			Change	[] Addition		
TITLE		, Detere							
NAME			2.2 NAME	- 1					
STREET ADDRESS			2.3 STRE	ET ADDRESS					
- CITY-ST-ZIP			-2:4 CITY	.\$T-ZIP					
TITLE		☐ DELETE	3.1 TITLE	٠		Change	Addition		
NAME			3.2 NAME	:					
STREET ADDRESS		1	3.3 STRE	ET ADDRESS					
			3.4. CITY	l					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			Change	Addition		
			4. 2 NAM						
NAME									
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-			Change	☐ Addition		
TITLE		☐ DELETE	5.1 TITLE			□ criange	☐ Addition		
NAME		1	5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
NAME	}	•	6.2 NAME	:					
		1		ET ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-	SI-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 trassee 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 price like empowered.

SIGNATURE: