

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

DOCUMENT # P97000071868

1. Corporation Name

NATIONAL INVESTIGATIVE AGENCY, INC.

Principal Place of Business

1750 S TREASURE DR
UNIT 5
NORTH BAY VILLAGE FL 33141

Mailing Address

1750 S TREASURE DR
UNIT 5
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

21 16149 SW 11th ST

Suite, Apt. #, etc.

22 City & State
23 Pembroke Pines, FL

24 Zip 33027 25 Country USA

2a. Mailing Address

26 16149 SW 11th ST

Suite, Apt. #, etc.

27 City & State
28 Pembroke Pines, FL

29 Zip 33027 30 Country USA

9. Name and Address of Current Registered Agent

COLE, STEVEN L
1750 S TREASURE DR
UNIT 5
NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

65-0811532

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

10. Name and Address of New Registered Agent

81 Name

COLE, STEVEN L

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

16149 SW 11th ST

83

84 City

Pembroke Pines

FL

85 Zip Code

33027

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 Steven L. Cole President

1/29/99

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 DPVT. ☐ DELETE

NAME COLE, STEVEN L
STREET ADDRESS 1750 S TREASURE DR UNIT 5
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVT. ☒ Change ☐ Addition

1.2 NAME COLE, STEVEN L
1.3 STREET ADDRESS 16149 SW 11th ST
1.4 CITY-ST-ZIP Pembroke Pines, FL 33027

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

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: Steven L. Cole President 1/29/99 (305) 992-3868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90040 009 ***150.00



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