**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000095370 1. Corporation Name

EXPERT WITNESS, INC.

Principal Place	e of Business	Mailing Address				
% 3575 NW 53 ST. ATTN: W.R. DERRER FT. LAUDERDALE FL 33309		% 3575 NW 53 ST. ATTN: W.R. DERRER FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed	
1						11/06/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26			-	65-0795895 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	<u> </u>			5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip			Coun	itry		8. This corporation owes the current year Intangible
24	25	<u>. Laidean ann an t-</u>	30			Personal Property Tax.
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
					Name	
CORPCO, INC.				82	Street Addres	ss (P.O. Box Number is Not Acceptable)
2699 S. BAYSHORE DR., 7TH FLOOR				_		
MLAN	MI FL 33133			83		
				84	City	85 Zip Code
					•	FL   53   The same
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	•					
GIGITATIONE	Signature, typed or printed name of registered agent			\gent	signature required v	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLÉ	P	☐ DELETE	1.1 TML			
NAME DERRER, WILLIAM R			1.2 NAME			
STREET ADDRESS 3575 NW 53ST			1.3 STREET ADDRESS			-
CITY-ST-ZIP	FT LAUDERDALE FL 33138		1.4 CITY-ST-ZIP		-ZIP	☐ Change ☐ Addition
TITLE				2.1 TITLE		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————	2.4 CITY-ST-ZIP		ſ-ZIP	DON DANGES
TITLE	DELETE			3.1 TITLE		☐ Change ☐ Addition
NAME: -	a supplementation in		3.2 NA		-	
STREET ADDRESS			3.3 STF	EET,	ADDRESS	
CITY-ST-ZIP		F**	3.4. CIT		-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITL		1	Change Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————	4.4 CIT		-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS					ADDRESS	•
CITY-ST-ZIP			5.4 CIT		-ZIP	DAL DALIE
TITLE		□ DELETE	6.1 T/T	E		☐ Change ☐ Addition

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 ph an attachment with air address, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90096 020 \*\*\*150.00