**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000097192 1. Corporation Name

ARROW INVESTIGATIVE SERVICES, INC.

Principal Place of Business

Mailing Address

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90239 001 \*\*\*150.00



DAVIE FL 333		7/1 SW 120 WAY DAVIE FL 33325			
	••	DATIC 12 33023		DO NOT WRITE IN THIS	SPACE
				3. Date incorporated or Qualifed	
<u></u>	·			11/14/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1 5 ( ) Suite, Apt	NW 18TH MANOR	26 11380 NW 18	TH MANU	)/C 65-0795648	✓ Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 CORAL SPRINGS PL 28 CORAL SPRING			195 , FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int.	
24 3307	25 USA	29 33071 3	o USA	Personal Property Tax.	☐Yes ØNo
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
AMERILAWYER B1 Name AMERILAWYER KENNETH MORGANI					
343 AI MFRIA AVENUE  82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134				380 NW 18TH MANOR	
				HOUSE AND THE PARTY OF THE PART	
			84 City	CORPLETE SPRINGS FL	85 Zio Code 3307
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 agift, 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE SIGNATURE Signature, types of printed traine of registered agent and trieger applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	<b>™</b> DELETE	1.1 TITLE	PD	☐ Change Addition
NAME	VALIDO, MARY E		1.2 NAME	MORGAN, KENNETH A	•
STREET ADDRESS	771 SW 120 WAY		1.3 STREET ADDRESS	11300 NW 18TH MANOR	
CITY-ST-ZIP	DAVIE FL 33325	T ocusts	1.4 CITY- ST- ZIP	CORAL SPRINGS, FL., 33071	
TITLE NAME	VD	☐ DELETE	2.1 TITLE	MORGAN, KENNETH A	☐ Change
	Morgan, Kenneth a 771 Sw 120 Way		2.2 NAME	11380 NW 18TH HANDE	
STREET ADDRESS	DAVIE FL 33325			11080 NN 10 10 10 10 10 10 10 10 10 10 10 10 10	
TITLE	S S	□ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	CORAL SPRINGS, FL., 33071	Change Addition
NAME	MORGAN, KENNETH A	23 086212	3.2 NAME	SUPPLIES STATE	Change Avadition
STREET ADDRESS	771 SW 120 WAY	;	3.3 STREET ADDRESS	MORGANI STAMBLE MANOR	
CITY-ST-ZIP	DAVIE FL 33325	_	3.4. CITY-ST-ZIP	CORAL SPRINGS, FL., 33071	
TITLE	Ť	₩ DELETE			Change Addition
NAME	VALIDO, MARY E		4 2 NAME	MORGANI, SHANE, IND	
STREET ADDRESS	771 SW 120 WAY		4.3 STREET ADDRESS	MORGAN, SHANE 11380 NW 18TH MANOR	
CITY-ST-ZIP	DAVIE FL 33325		4.4 CITY-ST-ZIP	CORPL GPRINGS, PL., 33671	}
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ľ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME (			6.2 NAME		
STREET ADDRESS		i	6.3 STREET 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: