PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90150 049 \*\*\*150.00

## DOCUMENT # P97000102952

PC PRIVATE EYES, INC.

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Principal Place	e of Business	Mailing Address		f (6 bi 6 bi 1 10 vava va eu eava di	2   11   24   24   14   14   14   14   1	41118 1151 1251	
1304 MENINA S	T	1304 MENNA ST.				•	
JACKSONVILLE	* * ·	JACKSONVILLE FL 32205					
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ļ. <u>.    </u>	<b>-</b> ,			3 Date Incorporated or Qualifed	<u></u>		-
				(01/01/1998			
2. Principal P	face of Business	Za. Mailing Address		4, FEI Number		oplied For	
21 75	2 University Bluds		ntley Monor DR	59-334106		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & Stat	B	City & State		6. Election Campaign Financing	\$5.00	May Be	
23 Jac	KSONVILL FL WIXE	28 Jacksonil	le FL	Trust Fund Contribution		to Fees	•
Zip	Country	Zip	Country	8, This corporation owes the cur	rent year Intangible		
24 32	216 25 USA	[29] 32224 [3	อ <i>บ</i> รค	Personal Property Tax.	Yes	□No	
<del> ,</del>	g, Name and Address of Curren	t Registered Agent		10. Name and Address of New	Registered Agent		
		-	81 Name	O. horse V Frak	houser III	ļ	
	KHAUSER, ROBERT K III		82 Street Add	dress (P.O. Box Number is Not Accept			
1304	MENNA ST.		02) SUBOL PLO		Manor sazu	€ _}	
JACI	KSONVILLE FL 32205		83	1222			
			84 City	Ticksonville	- FL   2	Code 7 2/4	
11. Pursuant office or r agent. I a	to the provisions of Sections 807.050; egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	, the above-named cor horized by the corporat la Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its opt the appointment as re	registered gistered	
j					<u> </u>		
SIGNATURE	Signature, typed or printed name of registered egen	nt and trie if applicable. (NOTE: R	ngistered Agent algorature requir	red when reinstating)	DATE		5
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14. I hereby certify that the information supplied with this filling 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

WARRENT REGULARE

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Daytime Phone 4