

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 # P98000000902
1. Corporation Name **LICENSE # A 9700401**
D.A.B. INVESTIGATIVE SERVICES, INC.

99 MAR 18 AM 9:59
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business
21 **701 VISTA ISLES DRIVE** 2a Mailing Address
Suite, Apt. #, etc. **# 1617** 26 **P.O. Box 550013**
City & State **SUNRISE, FL.** 27 **FT. LAUDERDALE, FL.**
Zip Country **33325** 28 **33355** 29 **33355** 30 **BROWARD**
Country **BROWARD**

DO NOT WRITE IN THIS SPACE

3. Date Incorporate (For Quoted) **1/2/98**

4. FEI Number **65-0806551**

5. Certificate of State Dues **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** Max. Fee Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
DAVID A. BONER
701 VISTA ISLES DR. # 1617
SUNRISE, FL. 33325

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE [] DELETE		11 TITLE	PRESIDENT - VICE P, Sec., TMSAS, Corp [] ADD
NAME		12 NAME	DAVID A. BONER
STREET ADDRESS		13 STREET ADDRESS	701 VISTA ISLES DR. #1617
CITY-ST-ZIP		14 CITY-ST-ZIP	SUNRISE, FL. 33325
TITLE [] DELETE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE [] DELETE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE [] DELETE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE [] DELETE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE [] DELETE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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-03/23/99-01144-010
****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **DAVID A. BONER** **DAVID A. BONER** **3/15/99** **2/12/99** **954-325-7084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)