PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90095 026 \*\*\*150.00

DOCUMENT#	98000019889						
T, Corporation Name	PRIVATE INVESTIGATIONS, INC.						
MIOINEE A EMOIT							
Principal Place of Business Mailing Address				1 12 Bill Bit 114 (Bill) 12-11 (2-11) 12-11 (3-11) 12-11 (3-11) 12-11 (3-11) 12-11			
1214 MOHRLAKE-DRIVE- 1214 MOHRLAKE DRIVE BRANDON FL 33511 BRANDON FL 33511				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Quelifed 03/02/1998			
Principal Place of Business	2a, Mailing Address 26 P.O. BOX 3	1971		4. FEI Number 95394 Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State	28 BRANDON	FI.		6. Election Campaign Financing  Trust Fund Contribution Added to Fees			
	zip 33561 30	Country H	<b>U</b> S.	8. This corporation owes the current year intangible Personal Property Tax.			
	ddress of Current Registered Agent			10. Name and Address of New Registered Agent			
	 H	81	Name	. ·			
LYNCH, MICHAEL A II 1214 MOHRLAKE DRIVE			82 Street Address (P.O. Box Number Is Not Acceptable)				
BRANDON FL 33511		83					
		84		FL 85 Zip Code			
office or registered good or	Sections 607.0502 and 607.1508, Florida Statutes, both, in the State of Florida. Such change was auth accept the obligations of, Section 607.0505, Florida	KURIZBU DV	LITHE COLLEC	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered			
SIGNATURE				DATE			
	name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS	13.	il industrie u	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	DELETE	1,1 TITLE	·	Change Addilik			
NAME MICHAEL A.	Lynch	12 NAME					

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	Plasident DELETE	1.1 TITLE		Change	☐ Addition
NAME	Michael A Land	1.2 NAME			j
STREET ADDRESS	Michael A. Lynch 1214 Mayricoly pr.	1.3 STREET ADDRESS			
CITY-ST-ZIP	Brandon Fl. 3351!	1.4 CITY-ST-ZIP			
TITLE	☐ OELETE	2.1 TITLE	•	Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-2IP			
TITLE	☐ DELETE	3.1 TITLE	· ·	Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.5 TITLE	•	Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		,	
CITY-ST-ZIP	· · · ·	4.4 CITY-ST-ZIP	:::		
TITLE	. DELETE	5.1 TITLE	٠	Change	Addition
NAME		5.2 NAME	·		•
STREET ADDRESS		5.3 STREET ADORESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	•	Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		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 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

81	CN	ΔΤΙ	IRF:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #