PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90158 004 ***150.00

	
DOCUMENT #	P98000037470

1. Corporation	IVESTIGATION INC.	037470		I SERVILLEY HE FOUND (SEVIN PRINT) ERRIN ERRIN	ADERO KIKI KERIN DIREK KERIK BON JODI
					
Principal Plac	ce of Business	Mailing Address		1	
18495 S DIXIE	HWY.	18495 S DIXIE HWY.			
SUITE 372 MJAMI FL 3315	E T	SUITE 372 Miami Fl 33157		DO NOT WRITE IN	THIS SPACE
MINIMI PL 3313	o <i>r</i>	MINIMI PE SOLDI		3. Date Incorporated or Qualified	
{				04/24/1998	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	A Applied For
	S. DHE HWY		ine Hwy	65-0894312	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
	ma suite 372	27 Suite	372	5. Certificate of Status Desired	Fee Required
City & Sta		City_&_State_		8. Election Campaign Financing	\$5.00 May Be
23 MIN	2, 1	28 WIN /	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes the current year	
24 3319		29 33/57	30 USA	Personal Property Tax.	☐ Yes
ļ	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registe	ored Agent
LOH	INSON, DADSON			dson Johnson	
1	95 S DIXIE HWY.		82 Street Ad	tress (P.O. Box Number is Not Acceptable)	
	TE 372		83	8 S. Dixie Hwy	
	MI FL 33157		•	372	
			84 City M.	A	FL B5 Zip Code 53/57
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statu	ites, the above-named co	poration submits this statement for the purpos	se of changing its registered
		tions of, Section 607,0505, Fi	oride Statutes	poration submits this statement for the purpor tion's board of directors. I hereby accept the s	-94
SIGNATURE	Signature, typed or printed name of regellared agent	t and little if applicable. (NOT	E' Registered Agent algorithm requi	M-29 mid when rehrstering) OAT	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TILE	Presidenti	☐ DELETE	1.1 TITLE	President 1	☐ Change ☐ Addition
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	<u> </u>		2.4 CTTY-57-ZIP		
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14. I hereby certify that the information supplied with this fiting 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 capporation or the freceiver 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

SUBJUSTICE AND TYPED OR PRINTED HAVE OF SIGNED OFFICER OR DIRECTOR

4-29-99 (30) -252-954