SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000085175 GLOBAL INVESTIGATIVE SERVICES, INC.

FILED

10 世 19 加 9:53

LARY OF STATE ALLEE, FLORIDA



Principal Plac	e of Business	Mailing Address			
950 N FEDERAL HWY STE 206 POMPANO BEACH FL 33062		950 N FEDERAL HWY STE 206 POMPANO BEACH FL 33062			
				DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 10/02/1998 	
2. Principal P 5800	28. Mailing Address 7800 N. Federal Hwy. 26 P.O. box 2			4. FEI Number 65-0896514	Applied For Not Applicable
Suite, Apt. 22 Suit	e 3	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Raton, FL	City & State Boca Raton	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 334	25 Palm Beach	Zip 33427	Country Palm Beach	This corporation owes the current year Intangible Personal Property.	Yes XX No
9. Name and Address of Current Registered Agent 1				10. Name and Address of New Registered Agent	
950 N FEDERAL HWY STE 206				Peter M. Markowitz ess (P.O. Box Number is Not Acceptable) 800 N. Federal Hwy	
POMPANO BEACH PL 33002			Suite 3		
			84 City	oca Raton FL	- 85 Zip Code - 33487
office or	registered agent, or both, in the State of	f Florida. Such change was au	, the above-named corporation	ration submits this statement for the purpose of con's board of directors. I hereby accept the appo	hanging its registered
•	am familiar with, and accept the obligation	ons of, section 607.0505, Flor	ida Statutes.	7-12-99)
SIGNATURE	Signature, typed or printed name of registered agent a	od blie if appir able (NOT	E Registered Agent signature requ	real when reinstation DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1 1 TITLE		XXChange Addition
NAME	MARKOWITZ, PETER	C. Judicie	1 2 NAME		gast name
STREET ADDRESS 950 N. FEDERAL HWY., SUITE 206		1.3 STREET ADDRESS 5800 N. Federal Hwy #3		}	
CITY-ST-ZIP	POMPANO BEACH FL 33062	•		oca Raton, FL 33487	
TITLE		DELETE	2 1 THTLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CiTy-ST-ZiP		
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	4.1 TITLE		Change Add-tion
NAME			4 2 NAME		

CITY-ST-ZIP 64 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 are indicated on this 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 the chapted, by or an attachment with an address.

4 3 STREET ADDRESS

5 3 STREET ADDRESS

54 CITY ST ZIF

4 CITY-ST-ZIP

5.1 TITLE

5 2 NAME

6 1 TITLE

6 2 NAME 63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

DELETE

DELETE

3/3/99 90008 08

445.0779

Change Addition