

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**

1. Corporation Name
GLOBAL INVESTIGATIVE SERVICES, INC.

Principal Place of Business
**950 N FEDERAL HWY STE 206
POMPANO BEACH FL 33062**

Mailing Address
**950 N FEDERAL HWY STE 206
POMPANO BEACH FL 33062**

FILED

JUN 19 AM 9:53

CLERK OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

65-0896514

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property



Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

5800 N. Federal Hwy.

2a. Mailing Address

P.O. box 2186

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

Zip

33427

Country

Palm Beach

9. Name and Address of Current Registered Agent

**MARKOWITZ, PETER
950 N FEDERAL HWY STE 206
POMPANO BEACH FL 33062**

81. Name

Peter M. Markowitz

82. Street Address (P.O. Box Number is Not Acceptable)

5800 N. Federal Hwy

83.

Suite 3

84. City

Boca Raton

FL

85. Zip Code

33487

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.

7-12-99

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MARKOWITZ, PETER**
STREET ADDRESS **950 N. FEDERAL HWY., SUITE 206**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Markowitz

7-12-99

561 445-0725

CR2E034 (5/99)