


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90010 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # P98000086350																																																																											
1. Corporation Name KRAYER INVESTIGATIONS INC.																																																																											
Principal Place of Business 3389 OAKMONT TERR LONGWOOD FL 32779		Mailing Address 3389 OAKMONT TERR LONGWOOD FL 32779																																																																									
2. Principal Place of Business 3389 OAKMONT TERR		2a. Mailing Address SAME																																																																									
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.																																																																									
22. City & State LONGWOOD FLA		27. City & State																																																																									
23. Zip 32779		28. Zip																																																																									
24. Country USA		29. Country																																																																									
9. Name and Address of Current Registered Agent KRAYER, RONALD W 3389 OAKMONT TERR LONGWOOD FL 32779		10. Name and Address of New Registered Agent																																																																									
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 _____ DATE _____																																																																											
(NOTE: Registered Agent signature required when reinstating)																																																																											
12. OFFICERS AND DIRECTORS																																																																											
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																											
<table border="1"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY-ST-ZIP</th> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY-ST-ZIP</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> DELETE</td> <td>RONALD W KRAYER</td> <td>3389 OAKMONT TERR</td> <td>LONGWOOD FL 32779</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DELETE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DELETE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DELETE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DELETE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DELETE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DELETE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> DELETE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	RONALD W KRAYER	3389 OAKMONT TERR	LONGWOOD FL 32779					<input type="checkbox"/> DELETE								<input type="checkbox"/> DELETE								<input type="checkbox"/> DELETE								<input type="checkbox"/> DELETE								<input type="checkbox"/> DELETE								<input type="checkbox"/> DELETE								<input type="checkbox"/> DELETE							
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #

CR2E034 (1/98)