**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086350

KRAYÉR INVESTIGATIONS INC.

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

04-02-1999 90010 044 \*\*\*150.00



i		_				_}
Principal Place	e of Business	Mailing Address	and o	Te!	4.5.	2 (Seried: tid teret tottt must beitt gent beret tette auch auch auch
550 GOLF BRO	OK CIRCLE #100	SOL BROOK CIRCL	E #100"		-	
LONGWOOD FL 32779 LONGWOOD FL 32779						DO NOT WRITE IN THIS SPACE
3389	OBRUMT TURK					3. Date Incorporated or Qualified
In	WOOD Fla 32771					10/07/1998
2 Principal P	lace of Business	-2a. Mailing Address			Capro Princ	-4. FEI Number - Applied For
21 33 B9 OAK MONT TICE 20 SAME						59 354 9938 Not Applicable
Sulte, Apt. #, etc.   Suite, Apt. #, etc.						5 Cardificate of Status Desired S8.75 Additional
						5. Certificate of Status Desired Fee Required
22     27			- <u>-</u>			-6. Election Campaign Financing \$5.00 May Be
23 Longwood FlA [28]						Trust Fund Contribution Added to Fees
Zio Country Zip			Cour	Country		8. This corporation owes the current year Intangible
24 3273	79 25 Evende	29	30			Personal Property Tax.
45/1/	9. Name and Address of Current					10. Name and Address of New Registered Agent
SECARS	the the little to the			81	Name	
1/01	VES SSILLS III		ور مندس	202	Street Aridine	ess (P.O. Box Number is Not Acceptable)
< -350-	-GOLF BROOK CIBOLE #100 33	090 PAKMON	, read		Guser Moule	V
LON	IGWOOD FL 32779		f	83		
ţ			1	-	City	85 Zip Code
ł			- (	· (	City	<b>FL</b>   ~
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stat.	utes, the ab	20V <del>0</del> -1	named corpo	oration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was nos of Section 607,0505. Fl	authorizad Iorida Statu	iby un <i>Ites</i> .	se corporation	oration submitted the statement to the purpose of other and statement as registered
1		400 NI WOODEN ON 10000 11			•	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered	Agent i	signature required	d when reinstading) DATE
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	formant	() DELETE	DELETE 1,1 m			☐ Change ☐ Addition
NAME	RONDLD WK	RONDLID W KENYER		ME	,- <u></u>	The state of the s
STREET ADDRESS	33890AKMONT TELL LONGULOID F/T 32779		1.3 ST	1.3 STREET ADDRESS		\
CITY-ST-ZIP	LONGUAUTS A	7/1 32779	1.4 CIT	Y-ST-	ZIP	☐ Change ☐ Addition
TITLE		DELETE	2.1 1111	2.1 TITLE		☐ Change ☐ Addition
NAME			22 NA	ME		\
STREET ADDRESS	<u> </u>		2.3 \$11	REETA	UDDRESS	)
CITY-ST-ZIP	)		2.4 CF	2.4 CITY-ST-ZIP		
TITLE	1 0	☐ DELETE	3.1 TIT	3.1 TITLE		Change Addition
NAME	1 21		3.2 NA	WE		}
STREET ADDRESS		<del></del>	33511	REETA	LODRESS	- <del> </del>
CITY-ST-ZIP	[جرل [		34.00	TY-51-	ZIP	
TITLE	<del>                                     </del>	☐ OELFTE	4.1 TIT			Change Addition
NAME	7		4.2 NA	WE		, ,
STREET ADDRESS	1 %		4.3 517	REET A	UDDRESS ,	{
CITY-ST-ZIP	7			Y-5T-	ZIP	
			# 4.4 LI	5.1 TILE		
		☐ DELETE			<b>\</b>	☐ Change ☐ Addition
1mre	10	☐ DELETE		ΝE	}	☐ Change ☐ Addition
TITLE NAME	1 2	DELETE	5.1 TTT 5.2 NA	IVE VME	ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	1 2	☐ DELETE	5.1 TT 5.2 NA 5.3 STI	IVE VME	1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 2		5.1 TT 5.2 NA 5.3 STI	TLE VME REET A TY-ST-	1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1 2	☐ DELETE	5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	TLE ME REET A TY-ST- TLE	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	7		5.1 TT 5.2 NA 5.3 STI 5.4 CT 6.1 TTI 6.2 NA	TLE TREET A TY-ST- TLE VME	ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7		5.1 TIT 5.2 NA 5.3 STI 5.4 CIT 6.1 TIT 6.2 NA 6.3 STI	TLE TREET A TY-ST- TLE VME	ZIP UDORESS	

I hereby ceruly that the information supplied with pits filling does not quality for the exemption stated in Section 118.07(3)(i). Fivide Statutes: I have certify in the same legal effect as if made under path; that I am an officer or director of the corporation of the effective or histee 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: