## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000088269

1. Corporation Name

INTERNATIONAL PROTECTION AND INVESTIGATION, INC.

**FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90139 015 \*\*\*150.00



Principal Place of Business		Mailing Address						
32 EAST OCEAN BLVD.		32 EAST OCEAN BLVD.				·		
STUART FL 34994		STUART FL 34994				DO NOT WRITE IN THIS SPACE		
							TIIO OF AGE	
						3. Date Incorporated or Qualifed		Ì
						10/15/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				65-09/1235		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	) 			==5. Certificate of Status Desired		Additional
22	27	Sans		5		Fee Re	quired	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added t	o Fees
Zip Country		Zip				8. This corporation owes the current year	r Intangible	
24	, ' '		30			Personal Property Tax.		
24	9. Name and Address of Curren					10. Name and Address of New Registe	red Agent	
				81 N	Vame			1
HUMBERSTONE, FREDERICK A								
and the second s	AST OCEAN BLVD.		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ART FL 34994		İ	83				<del></del>
310	ART 1 L 04954			83		SAME		
				84 (			85 Zip (	Code
					-		FL 63 ZAP	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	bove-n	amed corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was au tions of Section 607.0505. Flori	inonzeo ida Statu	iby una	e corporatio	in a position directors. Thereby accept the o	politino it do io	9.0.0
	to well a					٠. ٠	1-159	ي و
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent sig	gnature require	of when reinstating) . DATI		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE .			☐ Change	☐ Addition
NAME	HUMBERSTONE, FREDERICK	Δ	1.2 NA	ME	1			ļ.
(	1	^		REET AD	DRESS			ļ
STREET ADDRESS								
CITY-ST-ZIP	STUART FL 34994	☐ DELETE	2.1 TI	TY-ST-ZI			☐ Change	☐ Addition
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NAME			2.2 NA					l
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CITY-ST-ZIP			_	ITY-ST-Z	ZIP			Addition
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NAME			3.2 NA	ME		•		
STREET ADDRESS	)		3.3 ST	REETAD	ODRESS .			
CITY-ST-ZIP	]		3.4. CI	ITY-ST-Z	ZIP			
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NAME	1		4, 2 N		-			ļ
		•		REET AD	ODRESS			
STREET ADDRESS	1		1					
CITY-ST-ZIP		☐ DELETE	_	TY-ST-Z	<u> </u>		☐ Change	☐ Addition
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NAME				,	,			
STREET ADDRESS	}			REET AC				
CITY-ST-ZIP				TY-ST-Z	<u> </u>			
TITLE		DELETE	6.1 TI	TLE			☐ Change	Addition
NAME			6.2 NA	AME.	1			
STREET ADDRESS			6.3 \$7	TREET AL	DDRESS			
ł	7		6.4 CI	TY-ST-Z	up			
CITY-ST-ZIP	1		E 5 51		1			

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**