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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # POROLOGO 389

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90239 049 \*\*\*150.00

	NVESTIGATIONS INC.						######################################				
Principal Place of Business Mailing Address											
2302 BELEN DR. P. O. BOX 175											
DELTONA FL 32738 SANFORD FL 32773								DO NOT WR	ITE IN THIS	SPACE	
						ŀ	3 Data Income	rated or Qualifed		OI ACE	
			, <u>s. r.</u>				10/22/199	18		71	
Principal Place of Business     2a. Mailing Address							4. FEI Number				olied For
21		26					37-33	538773			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.				5. Certifcate of	Status Desired		\$8.75 A	
22 27										Fee Red	<u></u>
City & State City & S			ite				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Zip Zip Zip Zip Zip			Country 30			8. This corporation owes the current year Intangible Personal Property Tax.   Yes				
	9. Name and Address of Current	<u> , , , , , , , , , , , , , , , , , , ,</u>	11				10. Name and	Address of New	Registered	Agent	
			•	81	Name						
	EL, GRANT C III			82	Street A	ddron	ss (P.O. Box Num	her is Not Accen	lable)	<del></del>	
2302	2 BELEN DR.			02	SHEELA	uuies	is (F.O. DOX North	ber is recept			
DEL1	TONA FL 32738			83							
										85 Zip C	'ada
				84	City				FL	<b>85</b>   Zip C	oue
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or im familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida. Such chang ions of, Section 607.0	e was authorize	o by t utes.	ne corpoi	ration	s board of direct	ors. I hereby acce	DATE	intment as reg	pistered
12.	OFFICERS ANI		13.	•				CHANGES TO O	FFICERS AI	ND DIRECTO	RS IN 12
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:.

STREET ADDRESS