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

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90226 019 ***150.00

DOCUMENT	#P980001	04071
 Corporation Name 	1 000001	0.0.

Principal Plac	RBLE INVESTIGATIONS CO re of Business HTY FARMS ROAD ARDENS FL 33410	Mailing Address 12980 PROSPERIT PALM BEACH GAR	Y FARMS ROA		****	DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated or Qualifed
						12/14/1998
-	Place of Business	2a. Mailing Addr	ess			4. FEI Number A 5-0882773 Applied For Not Applicable
21		26 Suite, Apt. #				\$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apt. #	, etc.			5. Certificate of Status Desired Fee Required
City & Stat	le	City & State		.,		6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zíp	Country	Zip		Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes WNo
	9. Name and Address of Curr	ent Registered Agent		_		10. Name and Address of New Registered Agent
				81	Name	
KUSCHEL, DAVID K ESQ.			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	ENNOCK LANE					
	E 204			83		_
JUPN	TER FL 33458			84	City	E3 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.00 registered agent, or both, in the Statem familiar with, and accept the obli	502 and 607.1508, Flor te of Florida. Such chan gations of, Section 607.	ida Statutes, ige was autho 0505, Florida	the above orized by a Statutes.	-named c the corpor	corporation submits this statement for the purpose of changing its registered reation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered a	gent and title if applicable. AND DIRECTORS	(NOTE: Re	13.	t signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		ELETE	11 TITLE	Т	Change Addition
NAME	WUMMER, EDWARD J			1.2 NAME		
STREET ADDRESS	ARROS BROOKEREN FARMO R	MΔD		1.3 STREET	ADDRESS	
	PALM BEACH GARDENS FL 3			1.4 CITY-S1		
CITY-ST-ZIP	TALIN DEACTI GATIDETO TE O		ELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME	-	
STREET ADDRESS				2.3 STREET	ADDRESS	
CITY-ST-ZIP	'			2. 4 CITY-S		
TITLE			ELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME		_		3.2 NAME	1	
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP	ή			3.4. CITY-S		
TITLE			ELETE	4.1 TITLE	-	Change Addition

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

Change

Addition

Addition