

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  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90026 010 \*\*\*150.00

DOCUMENT # S21324

1. Corporation Name

NATIONAL ASSOCIATION OF FORENSIC ACCOUNTANTS, IN  
C.

Principal Place of Business

500 E BROWARD BLVD  
SUITE 1650  
FT. LAUDERDALE FL 33394

Mailing Address

500 E BROWARD BLVD  
SUITE 1650  
FT. LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1990

4. FEI Number

65-0253645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 SUITE 1201

Suite, Apt. #, etc.

22 2455 East Sunrise Blvd.

City & State

23 Ft. Lauderdale, FL 33304

Zip Country

24 25 29 30

2a. Mailing Address

26 SUITE 1201

Suite, Apt. #, etc.

27 2455 East Sunrise Blvd.

City & State

28 Ft. Lauderdale, FL 33304

Zip Country

9. Name and Address of Current Registered Agent

SCHNEIDER, JOSEPH L.  
1720 HARRISON STREET  
SUITE 1820  
HOLLYWOOD FL 33020

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOGGE, JAMES, R  
STREET ADDRESS 500 E BROWARD BLVD #1650  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE P ☐ DELETE

NAME CIARLO, RALPH M  
STREET ADDRESS 500 E. BROWARD BLVD. #1650  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2455 East Sunrise Blvd. - Suite 1201  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 2455 East Sunrise Blvd. - Suite 1201  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Ciarlo

4/29/99

Date

(954) 537-5556

Daytime Phone #

CR2E034 (11/98)