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PROFIT_ CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$41810

1. Corporation Name

Principal Place of Business	 	Mailing Address	_
9141 SW 1 PL BOCA RATON FL 33428		9141 SW 1 PL BOCA RATON FL 33428	

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90062 041 ***150.00

)	INVESTIGATIONS, INC.				
Principal Plac	e of Business	Mailing Address		i tenitete ili binet lider laidi tikil abit ari	DIÇ OKUNC AKBIK BADIK DIDIL OLDIR KUDI. Barinda
9141 SW 1 PL	*	9141 SW 1 PL			
BOCA RATON		BOCA RATON FL 33428			
			DO NOT WRITE IN THIS SPACE		
	•		•	3. Date Incorporated or Qualifed	
				03/29/1991	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0255857	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·		Fee Required
City & Stat	t e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
—	F	Zip		8. This corporation owes the current year	Intangible N Yes □No
24	25 9. Name and Address of Currer		30	Personal Property Tax. 10. Name and Address of New Registere	
	9, Italie and Address of Culter	it vediarelen videur	81 Name	10. Maine and Address of New Registere	ad Agent
SOF	RACCO, RAYMOND J.				·
	1 SW 1 PL		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BOC	CA RATON FL 33428		83		1
			**		1、14.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6.1 6
		•	84 City		85 Zip Code
24 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		F	
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I a	im familiar with, and accept the obliga	tions of, Section 607 0505, Flor	ida Statutes.	, ,	
SIGNATURE			•	· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered age		Registered Agent signature required		****
TITLE	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 T
	ן ט	I I DELETE	1 1 TITLE		
NAME	SORACCO RAVMOND I	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
	SORACCO, RAYMOND J.	☐ DETELE	1.2 NAME		
STREET ADDRESS	9141 SW 1 PL	□ DELETE	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	9141 SW 1 PL BOCA RATON FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP	9141 SW 1 PL BOCA RATON FL D	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
CITY-ST-ZIP TITLE NAME	9141 SW 1 PL BOCA RATON FL D SORACCO, MARGARET A.		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	9141 SW 1 PL BOCA RATON FL D SORACCO, MARGARET A. 9141 SW 1 PL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9141 SW 1 PL BOCA RATON FL D SORACCO, MARGARET A.	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9141 SW 1 PL BOCA RATON FL D SORACCO, MARGARET A. 9141 SW 1 PL BOCA RATON FL	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	9141 SW 1 PL BOCA RATON FL D SORACCO, MARGARET A. 9141 SW 1 PL BOCA RATON FL	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition Change Addition Change Addition
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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:

CR2E034 (11/98)