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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13732

(5)

OTTO F. KURTZ INVESTIGATIONS, INC.

Principal Place of Business Mailing Address 1109 JAPONICA LN 1109 JAPONICA LN COCOA FL 32922-8741 COCOA FL 32922-6741 3. Date Incorporated or Qualified 3a. Date of Last Report 02/11/1992 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3109567 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Ζip 8. This corporation has liability for intangible tax nder s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KURTZ, OTTÖ F. 1109 JOPONICA LN 82 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32922-8741 83 City Zip Code 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, typical or printed name of registered agent and tipe if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 96/6) DELETE Change Addition 1.1 TITLE TITLE KURTZ, OTTO F. NAME 1.2 NAME 1109 JAPONICA LN 1.3 STREET ADDRESS STREET ADDRESS COCOA FL 32952 City-St-ZiP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition THILE 2.2 NAME NAM: 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - 74P 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZiF DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY - ST - ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TILLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7/2 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I do 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 aroual 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 corevation 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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIF

Fot. KURTZ PAGE.

FILED

Feb 19 1997 8:00am

Secretary of State