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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V20285**

1. Corporation Name

S & T INVESTIGATIONS, INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90070 011 ***150.00



Principal Place	e of Business	Mailing Address					
1601 N PALM A	AVE	1601 N PALM AVE					
SUITE 3090		SUITE 309D		DO NOT	AIDITE IN THIS S	PACE	
PEMBROKE PINES FL 33026 US		PEMBROKE PINES FL 33026 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
03		03		03/11/1992	ileu		
3 Discipal D	1 Decision	2a Mailian Address	_	4. FEI Number] A	plied For
¬	lace of Business	2a. Mailing Address	1 1.~	65-0329466		1-4-	ot Applicable
21 (6.0) Suite, Apt.		26 /60 N. Pa	Im AVE.	03 0329400			Additional
		7 40 5		5. Certifcate of Status Desire	d 🗆		equired
روی کر ا <u>22</u> City & State		27 309 D · City & State		6. Election Campaign Finance	ing –		May Be
— · ·	Λ/	28 PEMBROKE P	PINES F	Trust Fund Contribution	g		to Fees
23 DEMB	Country		Country	8. This corporation owes the	current vear Inta		
24 3302	26 25 Beau And	29 33026 30	BROWAN	Personal Property Tax.		Yes	ĭNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of No	ew Registered A	gent	
			81 Name	-			
	orski, stanley r.		00 Street	Address (D.O. Boy Number is Not Ass	ontable)		
6271	I WEST 15TH COURT		82 Street	Address (P.O. Box Number is Not Acc	eptable)		Ì
HIAL	EAH FL 33012		83				
						12-1	
			84 City		FL	85 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 o	hanging its	registered
	egistered agent, or both, in the State of	Florida, Such change was auth-	orized by the corpo	oration's board of directors, I hereby a	ccept the appoint	tment as re	gistered
office or n	m familiar with, and accept the obligation	ons of Section 607,0505, Florida	a Stat⊔tes.	•			
office or n agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.		12-199		}
office or n agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	gistered Agent signature in	equired when reinstating)	/25/99 DATE		
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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

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/99

Date Dayime Phone

R2E034 (11/98)