## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

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 $Z_{\rm IP}$ 

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # V20624** 

(5)

Suite, Apt. #, etc.

City & State

Zip

FORENSIC AUTOMOBILE INVESTIGATIONS, INC.

Country

9. Name and Address of Current Registered Agent

25

MCELROY, ROBERT C., PH.D. 701 LAKEVIEW TERRACE

**BOCA RATON FL 33431** 

ACCIDENT (SEE ATTACHED ADMENDMENT)

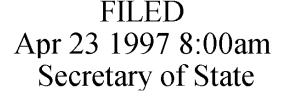
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Mailing Address Principal Place of Business 6971 N FEDERAL HIGHWAY 6971 N FEDERAL HWY STE 405 BOCA RA 33487-1617 **BOCA RATON FL 33487** 2. Principal Place of Business 2a. Mailing Address





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

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.

Country

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age in the state of the state o					
SIGNATURE Supervice typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  Output  DESTINATION  DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIBLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	MCELROY, ROBERT C., PH.D		12 NAME		(
STREET ADDRESS	701 LAKEVIEW TERRACE		1.3 STREET ADDRESS		
CITY+S1-ZIF	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	V	OELETE	2.1 TITLE		Change Addition
NAME	MCELROY, AGNES I.		2.2 NAME		
STREET ADDRESS	701 LAKEVIEW TERRACE		2.3 STREET ADDRESS		
Crity - S1 - ZIP	BOCA RATON FL		2. 4 CITY-ST-7IP	4	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - \$1 - ZII/			4.4 CiTY-ST-ZIP		
T.TLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		14 1100/00
STREET ADDRESS			5.3 STREET ADORESS		4DUDS1941
OITY+S1+ZP			5.4 CITY-ST-ZIP		NP90
DILE		☐ DELETE	6.1 TITLE	~~~~~	Chringe Addition
NAME			6.2 NAME	3000021 -04/28/970	100133
STREET ADDRESS			6.3 STREET ADDRESS	~U4/28/31~~U ###172 75	11050033

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 significant state the same legal effect as if made under oath; that have the corporation or the receiver or trustee empowered to execute this report as under the Chapter 607, Florida Statutes; and that my name Lanuary officer or director of the corporation or the receiver or trustee empowered to execute the appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: AGNES I. MCELROY, VICE PRESIDENTIAL

4/9/97

561-995-6781

Zip Code

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