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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001145 (1)

1. Corporation Name

CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF SPECIAL INVESTIGATION UNITS, INC.



Principal Place of Business

Mailing Address

C/O USAA CLAIMS SECURITY UNIT
17200 COMMERCE PARK BLVD.
TAMPA FL 33647-2600

C/O USAA CLAIMS SECURITY UNIT
P.O. BOX 20486
TAMPA FL 33622-0486

3. Date Incorporated or Qualified
03/03/1994

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNETTE, GUY E JR
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 1100
TAMPA FL 33607-1458

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KEEBLER, KEN DELETE
STREET ADDRESS P.O. BOX 20486 N/A
CITY-ST-ZIP TAMPA FL 33622-0486

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D RON TUCKER Change Addition
28403 OPENFIELD LOOP
Wesley CHAPEL, FL 33543

TITLE T
NAME WESTERDAHL, MARVIN L DELETE
STREET ADDRESS 780 CARILLON PKWY SUITE 200
CITY-ST-ZIP ST PETERSBURG FL 33716

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition

TITLE P
NAME ELLIOTT, ROB DELETE
STREET ADDRESS 2901 W BUSCH BLVD., #403
CITY-ST-ZIP TAMPA FL 33618

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition

TITLE D
NAME SKORSKI, RICHARD J. DELETE
STREET ADDRESS 2201 LUCIEN WAY
CITY-ST-ZIP MAITLAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition

TITLE S
NAME MILLER, KENNETH DELETE
STREET ADDRESS P.O. BOX 20486 N/A
CITY-ST-ZIP TAMPA FL 33622

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition

TITLE D
NAME CUNNINGHAM, DEBRA DELETE
STREET ADDRESS 4350 W CYPRESS ST #1000
CITY-ST-ZIP TAMPA FL 33607

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP Change Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth M. Miller* #1-21-97 (813)645-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #, Office

CR2E037 (9/96)