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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001145 (1)
 1. Corporation Name
CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL ASSOCIATION OF SPECIAL INVESTIGATION UNITS, INC.



Principal Place of Business C/O USAA CLAIMS SECURITY UNIT 17200 COMMERCE PARK BLVD. TAMPA FL 33647-2600	Mailing Address C/O USAA CLAIMS SECURITY UNIT P.O. BOX 20486 TAMPA FL 33622-0486
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3. Date Incorporated or Qualified 03/03/1994	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE D	<input type="checkbox"/> DELETE
NAME TUCKER, RON	
STREET ADDRESS 28403 OPENFIELD LOOP	
CITY-ST-ZIP WESLEY CHAPEL FL	
TITLE T	<input type="checkbox"/> DELETE
NAME WESTERDAHL, MARVIN L.	
STREET ADDRESS 780 CARILLON PKWY SUITE 200	
CITY-ST-ZIP ST PETERSBURG FL 33716	
TITLE P	<input type="checkbox"/> DELETE
NAME ELLIOTT, ROB	
STREET ADDRESS 2901 W BUSCH BLVD #403	
CITY-ST-ZIP TAMPA FL 33618	
TITLE D	<input type="checkbox"/> DELETE
NAME SKORSKI, RICHARD J.	
STREET ADDRESS 2201 LUCIEN WAY	
CITY-ST-ZIP MAITLAND FL	
TITLE S	<input type="checkbox"/> DELETE
NAME MILLER, KENNETH	
STREET ADDRESS P.O. BOX 20486 N/A	
CITY-ST-ZIP TAMPA FL 33622	
TITLE D	<input type="checkbox"/> DELETE
NAME CUNNINGHAM, DEBRA	
STREET ADDRESS 4350 W CYPRESS ST #1000	
CITY-ST-ZIP TAMPA FL 33607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE RON TUCKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PO BOX 7530 N/A	
1.3 STREET ADDRESS WESLEY CHAPEL FL 33543	
1.4 CITY-ST-ZIP WESLEY CHAPEL FL 33543	
2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME WESTERDAHL, MARVIN L.	
2.3 STREET ADDRESS 780 CARILLON PKWY STE 200	
2.4 CITY-ST-ZIP ST PETERSBURG, FL 33716	
3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME WIEDNER, JERRY	
3.3 STREET ADDRESS 905 TARABOOD LANE	
3.4 CITY-ST-ZIP VALRICO, FL 33594	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BILL JOHN	
4.3 STREET ADDRESS 3701 No. Rocky Pt. Dr.	
4.4 CITY-ST-ZIP Tampa, FL 33607	
5.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME MILLER, KENNETH	
5.3 STREET ADDRESS P.O. Box 20486 N/A	
5.4 CITY-ST-ZIP TAMPA, FL 33622	
6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME CUNNINGHAM, DEBRA	
6.3 STREET ADDRESS 4350 W. CYPRESS ST #1000	
6.4 CITY-ST-ZIP TAMPA, FL 33607	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____ DATE **3/18/98** #12991-6422

CR2E037 (10/97)