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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P32400 (4)
 1. Corporation Name
NWI INVESTIGATIVE GROUP, INC.

Principal Place of Business
**500 W CUMMINGS PARK
 STE 4000
 WOBURN MA 01801
 US**

Mailing Address
**500 W CUMMINGS PARK
 STE 4000
 WOBURN MA 01801-6515
 US**

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip
 24
 Country
 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 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, type or print name of officer or director, if applicable (NAME) Registered Agent Signature (required when applicable) (NAME)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	STEPPER, EDWARD J.	
STREET ADDRESS	23 BARTLETT ST.	
CITY-ST-ZIP	N. WEYMOUTH MA	
TITLE	D	DELETE
NAME	STEPPER, EDWARD J.	
STREET ADDRESS	23 BARTLETT ST.	
CITY-ST-ZIP	N. WEYMOUTH MA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		Change	Addition
2. NAME			
3. STREET ADDRESS	11 CINNAMON DR.		
4. CITY-ST-ZIP	N. BILLERICA, MA 01862		
5. TITLE		Change	Addition
6. NAME			
7. STREET ADDRESS	11 CINNAMON DR.		
8. CITY-ST-ZIP	N. BILLERICA, MA 01862		
9. TITLE		Change	Addition
10. NAME			
11. STREET ADDRESS			
12. CITY-ST-ZIP			
13. TITLE		Change	Addition
14. NAME			
15. STREET ADDRESS			
16. CITY-ST-ZIP			
17. TITLE		Change	Addition
18. NAME			
19. STREET ADDRESS			
20. CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, in an address.

SIGNATURE: *[Signature]*



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