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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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 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 (Use appropriate)

(NAME, Registered Agent Signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE  DELETE  
NAME **D 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

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

21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. 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:

*[Handwritten Signature]*

**3/18/97 0025535990**

CR2E034 (9/96)