

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000035418 (7)**

1. Corporation Name  
**U.S. INVESTIGATION AND PROTECTIVE SERVICES, INC.**



Principal Place of Business <b>1355 W PALMETTO PARK RD                  SUITE 312                  BOCA RATON FL 33486</b>	Mailing Address <b>1355 W PALMETTO PARK RD                  SUITE 312                  BOCA RATON FL 33486</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/18/1997**

2. Principal Place of Business <b>21 13559 EXOTICA LN</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 VLG OF WELLINGTON FL</b> Zip <b>24 33414</b> Country <b>25 USA</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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4. FEI Number  
**65-0755642** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CARLSON, CURTIS**  
**1395 W PALMETTO PARK RD**  
**SUITE 312**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P. D.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>FRANC FEROLA</b>		
1.3 STREET ADDRESS	<b>1355 W. PALMETTO PARK ROAD</b>		
1.4 CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>		
2.1 TITLE	<b>V.P. T.S.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>IDEN G. MILLER</b>		
2.3 STREET ADDRESS	<b>1355 W. PALMETTO PARK ROAD</b>		
2.4 CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)