FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:02

DOCUMENT # **288981** **(4)**

1. Corporation Name
INVESTIGATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
COURTHOUSE CENTER 26TH FLOOR. 175 N W 1 AVENUE MIAMI FL 33129-6817	COURTHOUSE CENTER 26TH FLOOR. 175 N W 1 AVENUE MIAMI FL 33129-6817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1965
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business: 21 Miami Center
22 Suite, Apt. #, etc.: 201S.Biscayne Blvd. 10 Floor
23 City & State: Miami, Florida
24 Zip: 33131
25 Country: USA

2a. Mailing Address: 26 Miami Center
27 Suite, Apt. #, etc.: 201 S. Biscayne Blvd. 10 Fl
28 City & State: Miami, Florida
29 Zip:
30 Country: USA

4. FEI Number: 59-1088821 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUSSOMANNO, HERMAN J.
175 NW FIRST AVENUE.
MIAMI FL 33128-6817

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Miami Center
83: 201 South Biscayne Blvd. 10 Floor
84 City: Miami, Florida **FL** 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/faxing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST [illegible] [illegible] [illegible]	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☒ Addition PST Russomanno, Herman J. Miami Center 201 South Biscayne Blvd. 10 Floor Miami, Florida 33131
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FLOYD, ROBERT L. 175 NW 1 AVE 26 FLOOR MIAMI FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition X Miami Center 201 South Biscayne Blvd. 10 Floor Miami, Florida 33131
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PEARSON, RAY H. 175 NW 1 AVE 26 FLOOR MIAMI FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition Miami Center 201 South Biscayne Blvd. 10 Floor Miami, Florida 33131
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Herman J. Russomanno 3/28/95 305-373-4000
Herman J. Russomanno, President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF CORPORATION — Date — Daytime Phone #

0206069 CP