

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000002268 (9)  
1. Corporation Name

INVESTIGATIVE RESOURCES GLOBAL, INC.



Principal Place of Business: P.O. BOX 1000 CHARLOTTE NC 28201-1000  
Mailing Address: P.O. BOX 1000 CHARLOTTE NC 28201-1000

2. Principal Place of Business  
21 9300 ARROWPOINT BLVD.  
22 Suite, Apt. #, etc.  
23 CHARLOTTE NC  
24 Zip 28273 25 Country USA

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

3. Date Incorporated or Qualified: 05/09/1995  
3a. Date of Last Report: N/A  
4. FEE Number: APPLIED FOR 56-1917505  
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  
SCISCIANI, WILLIAM C  
4350 W CYPRESS ST, STE 1000  
TAMPA FL 33607-4154

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: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	GOODNIGHT, KENNETH M
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28201-1000
TITLE	V <input type="checkbox"/> DELETE
NAME	LACY, HUNTER B
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28201-1000
TITLE	S <input type="checkbox"/> DELETE
NAME	WHEELER, JOYCE W
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28201-1000
TITLE	T <input type="checkbox"/> DELETE
NAME	SMITH, PHILLIP A
STREET ADDRESS	1901 ROXBOROUGH ROAD, STE. 406
CITY-ST-ZIP	CHARLOTTE NC 28211-3482
TITLE	VM <input type="checkbox"/> DELETE
NAME	PATWELL, ROBERT L JR.
STREET ADDRESS	ONE JERICHO PLAZA
CITY-ST-ZIP	JERICHO NY 11753-0873
TITLE	D <input type="checkbox"/> DELETE
NAME	SZCZEPEK, JOHN S
STREET ADDRESS	9300 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE NC 28201-1000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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\*\*\*200.00

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)(k), 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: [Signature] DATE: 4/8/96 3/19/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STANLEY E. BOWEN, Hunter B Lacy  
DATE: 7/04/522-2000  
DAYTIME PHONE #

CR2E034 (12/95)

PM 4-14-96