


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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002268 (9)
 1. Corporation Name
INVESTIGATIVE RESOURCES GLOBAL, INC.



Principal Place of Business 9300 ARROWPOINT BLVD CHARLOTTE NC 28273 US	Mailing Address P.O. BOX 1000 CHARLOTTE NC 28201-1000
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 05/09/1995		
4. FEI Number 56-1917505	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SCISCIANI, WILLIAM C
4350 W CYPRESS ST, STE 1000
TAMPA FL 33607-4154**

****Agent has new address! See next box.

10. Name and Address of New Registered Agent

81 Name	Scisciani, William C
82 Street Address (P.O. Box Number is Not Acceptable)	4010 Boy Scout Blvd.
83 Suite	Suite 900
84 City	Tampa
85 Zip Code	FL 33607-4154

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)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	GOODNIGHT, KENNETH M	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28201-1000	
TITLE	V	<input type="checkbox"/>
NAME	LACY, HUNTER B	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28201-1000	
TITLE	S	<input type="checkbox"/>
NAME	WHEELER, JOYCE W	
STREET ADDRESS	9300 ARROWPOINT BLVD.	
CITY-ST-ZIP	CHARLOTTE NC 28201-1000	
TITLE	T	<input checked="" type="checkbox"/>
NAME	SMITH, PHILLIP A	
STREET ADDRESS	1901 ROXBOROUGH ROAD, STE. 406	
CITY-ST-ZIP	CHARLOTTE NC 28211-3482	
TITLE	VM	<input type="checkbox"/>
NAME	PATWELL, ROBERT L JR.	
STREET ADDRESS	ONE JERICHO PLAZA	
CITY-ST-ZIP	JERICHO NY 11753-0873	
TITLE	D	<input type="checkbox"/>
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		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Broderick, Terry		
1.3 STREET ADDRESS	9300 Arrowpoint Blvd.		
1.4 CITY-ST-ZIP	Charlotte, NC 28201-1000		
2.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Mitthell, James E.		
2.3 STREET ADDRESS	7621 Little Ave., Ste. 426		
2.4 CITY-ST-ZIP	Charlotte, NC 28226		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Richard N. Davis	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	7621 Little Ave. Ste. 426		
4.3 STREET ADDRESS	Charlotte, NC 28226		
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)