


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

FILED

Apr 02 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 # <i>G 48828 (9)</i>			
1. Corporation Name OFFICE OF SPECIAL INVESTIGATIONS, INCORPORATED			
Principal Place of Business 1320 E 8th Avenue #5 Tampa, Florida 33605		Mailing Address 1320 E 8th Ave #5 Tampa, Florida 33605	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/14/1983		3a. Date of Last Report 04/19/1996	
4. FEI Number 59-2317394		Applied For <input type="checkbox"/> Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Fritz, Joseph R., Esquire 4204 North Nebraska Avenue Tampa, Florida 33603		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 agent, 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, and am in full compliance with, and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE Signature of the person named in Block 9, if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 12.1 NAME PVD 12.2 NAME Mann, Michael W. 12.3 STREET ADDRESS 1320 E 8th Avenue #5 12.4 CITY-STATE-ZIP Tampa, Florida 33605 <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do 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.		000002131990 -04/02/97--01119--049 ***165.00	
SIGNATURE: <i>Michael Mann</i> Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Mann		3/18/97 813 247 7041 Date Daytime Phone #	

CR2E034 (9/96)