

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # K93424 (5)
1. Corporation Name
E.S.M. INVESTIGATIVE SERVICE, INC.

Principal Place of Business	Mailing Address
C/O ELLIOT A. COHEN 35203 THRILL HILL RD. EUSTIS FL 32736 US	C/O ELLIOT A. COHEN 35203 THRILL HILL RD. EUSTIS FL 32726

2. Principal Place of Business		2a. Mailing Address	
21	<i>SAME</i>	26	<i>SAME</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent	
COHEN, ELLIOT A. 35203 THRILL HILL RD. EUSTIS FL 32726	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert A. Cohen

Signature, printed name of registered agent and the applicable date. (NOTE: Registered Agent signature required.)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	DPT	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	COHEN, ELIJAH A.			1.2 NAME	
STREET ADDRESS	35203 THRILL HILL RD.			1.3 STREET ADDRESS	
CITY - ST - ZIP	EUSTIS FL			1.4 CITY - ST - ZIP	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	
NAME	OSBORN, DONALD C.			2.2 NAME	
STREET ADDRESS	4552 BLUEBERRY WOODS TR.			2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified 06/05/1989	
4. FEI Number 59-2959287	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
ess (P.O. Box Number is Not Acceptable)	
FL	85 Zip Code

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)