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

APPROVED AND FILED
95 MAY -1 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M88133 (7)

1. Corporation Name
STATEWIDE INVESTIGATIONS, INC.

Principal Place of Business
233 N FEDERAL HWY
BOX 401
DANIA FL 33004

Mailing Address
233 N FEDERAL HWY
BOX 401
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1988
3a. Date of Last Report: 06/21/1994
4. FEI Number: 65-0085613 — Applied For / Not Applicable
5. Certificate of Status Desired — X — $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. 199.0?? Florida Statutes — [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent
SERPE, ANITA
21101 NW 86 AVE
MICANOPY FL 33004

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE — [ ] Change [ ] Addition
NAME	BAKER, BARRY	12 NAME
STREET ADDRESS	412 SW 72 AVE	13 STREET ADDRESS
CITY-ST-ZIP	N LAUDERDALE FL	14 CITY-ST-ZIP
TITLE	VST	21 TITLE — [ ] Change [ ] Addition
NAME	BAKER, DEANNA	22 NAME
STREET ADDRESS	199 NE 6TH CT	23 STREET ADDRESS
CITY-ST-ZIP	DANIA FL	24 CITY-ST-ZIP
TITLE	D	31 TITLE — [ ] Change [ ] Addition
NAME	SERPE, ANITA MCQUINN	32 NAME
STREET ADDRESS	21101 NW 86 AVE	33 STREET ADDRESS
CITY-ST-ZIP	MICANOPY FL	34 CITY-ST-ZIP
TITLE		41 TITLE — [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE — [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE — [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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, 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: DeAnna Baker — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-30-95 DATE — 305 923 8900 DAYTIME PHONE

0078781 CP