
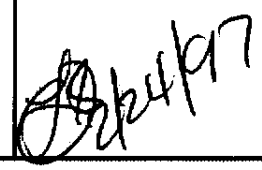
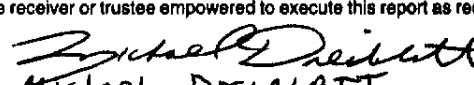


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 FEB 24 AM 11:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M95000000316 CONTINENTAL INVESTIGATIVE CONSULTANTS, LLC 2255 GLADES ROAD, SUITE 324 BOCA RATON FL 33431		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business SAME		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 10/26/1995 3a. State of Formation CT 4. FEI Number 06-1434202 5. Date of Last Report 05/01/1996
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		3a. State of Formation CT <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired SHOULD BE ATTACHED TO THIS REPORT <input type="checkbox"/>		
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		
10. Title Managing Members/Managers		Business Street Address City, State and Zip Code		
MGRM BAGNOLI, EUGENE		2255 GLADES ROAD, SUITE 32 BOCA RATON FL		
MGRM DREIBLATT, MICHAEL		2255 GLADES ROAD, SUITE 32 BOCA RATON FL		
MGRM STERN, ROBERT DR.		2255 GLADES ROAD, SUITE 32 BOCA RATON FL		
		200002098062--7 -02/26/97--01006--012 ****203.75 ****203.75 		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  MICHAEL DREIBLATT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>				
		2/21/97 860-548-2621 <small>Date Daytime Phone #</small>		