FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38313** **(3)**

1. Corporation Name

LANCE INVESTIGATION SERVICE, INC.

Principal Place of Business
1438 BOSTON ROAD
BRONX NY 10460

Mailing Address
1438 BOSTON ROAD
BRONX NY 10460

3. Date Incorporated or Qualified: 04/14/1992
3a. Date of Last Report: 03/07/1995
4. FEI Number: 13-2550893 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$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. 199.032, Florida Statutes [ ] Yes [■] No

2. Principal Place of Business
21 1438 BOSTON ROAD
22
23 BRONX NY
24 10460 25

2a. Mailing Address
26 1438 BOSTON ROAD
27
28 BRONX NY
29 10460 30

9. Name and Address of Current Registered Agent

LEVINE, LAWRENCE A.
4300 NORTH UNIVERSITY DR.
SUITE E-207
FT. LAUDERDALE FL 33351

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 607.0505, 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 DATE

12. OFFICERS AND DIRECTORS

PT
JOHNSON, RALPH V.
25 STUYVESANT PLAZA
MOUNT VERNON NY
[ ] DELETE

VPS
JOHNSON, LANCE W.
29 HAINES BLVD.
PORT CHESTER NY
[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
[ ] Change [ ] Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[ ] Change [ ] Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[ ] Change [ ] Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
[ ] Change [ ] Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[ ] Change [ ] Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 any other address.

SIGNATURE: X Ralph V. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 718-893-1400
Date Daytime Phone #

CR2E034 (12/95)