

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

pg. 15/2

97 SEP 19 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/25/1992</b>	3a. Date of Last Report <b>08/07/1996</b>
4. FEI Number <b>59-3179745</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000007580 (3)**

1. Corporation Name  
**BACKGROUND SEARCHES, INC.**

Principal Place of Business <b>2097 GLEN COVE CT. CLEARWATER FL 34624</b>	Mailing Address <b>2097 GLEN COVE CT. CLEARWATER FL 34624</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>6990 49th St. N. #A</b> 22 City & State <b>Pineellas Park, FL</b> 23 Zip <b>33781</b> 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. <b>SAME</b> 27 City & State <b>Pineellas Park, FL</b> 28 Zip <b>33781</b> 29 Country
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9. Name and Address of Current Registered Agent

**OWENS, PEGGY BEAN**  
**2097 GLEN COVE CT.**  
**CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name <b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6990 49th St. No. Suite A</b>
83 City <b>Pineellas Park, FL</b>
84 Zip Code <b>FL 33781</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D OWENS, PEGGY A</b>	1.2 NAME	<b>3000002302749--4</b>
STREET ADDRESS	<b>2097 GLEN COVE COURT</b>	1.3 STREET ADDRESS	<b>-09/24/97--01100--016</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_

9/16/97

CP2E034 (4/97)

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**BACKGROUND SEARCHES INC.**

6990 49th Street North, Suite A, Pinellas Park, FL 33781  
813-522-3622 or 813-522-0047 (fax)  
800-771-2793

*September 16, 1997*

*Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500*

*Dear Sirs,*

*Please be advised that my office did not receive the 1st notice for annual report and only became aware of this when filling out the attached form and noticed it was a second notice. Since our office did not receive any other forms from the Division of Corporations I feel that the late charge noted on this form is not appropriate and I request your consideration not to charge this additional fee to our corporation.*

*Enclosed you will find our annual report and check in the amount of \$165.00. Please feel free to contact our office should you have any questions in regards to our request due to non receipt of original annual report.*

*Sincerely,*

  
*Peggy Beah Owens*  
*President*