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Secretary of State

02-22-1999 90124 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000004664**

1. Corporation Name

UNITED STATES INVESTIGATION, INC.



Principal Place of Business 4448 NICOLE CR. TEQUESTA FL 33469	Mailing Address P.O. BOX 4113 TEQUESTA FL 33469
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16844 130 AVE N Suite, Apt. #, etc. 22 JUPITER FLORIDA City & State 23 33478 USA Zip Country 24 25		2a. Mailing Address 26 P.O. Box 20664 Suite, Apt. #, etc. 27 West Palm Beach FL City & State 28 33416 USA Zip Country 29 30		3. Date Incorporated or Qualified 01/20/1994	4. FEI Number 65-0481079 Applied For Not Applicable
9. Name and Address of Current Registered Agent GRANIMS, WILLIAM A 4448 NICOLE CIRCLE TEQUESTA FL 33469		10. Name and Address of New Registered Agent 81 Name DAVID F PLEASANTON 82 Street Address (P.O. Box Number is Not Acceptable) 1840 SUITE 205 83 FOREST HILL BLVD 84 City West Palm Beach FL 85 Zip Code 33406			
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 obligation of, Section 607.0505, Florida Statutes. SIGNATURE John Mark Collins 1-5-99 David J. Pleasanton 1-5-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANIMS, WILLIAM A	1.2 NAME	
STREET ADDRESS	4448 NICOLE CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN M	2.2 NAME	
STREET ADDRESS	16844 130 AVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33478	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 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, with all other like empowered.

SIGNATURE:

JOHN MARK COLLINS 1/5/99 56-745-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0356963

CR2E034 (11/98)