

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mathan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063123 (1)

1. Corporation Name

FUNKE INVESTIGATIVE SERVICES, INC.



Principal Place of Business

760 US HIGHWAY 1 STE. 204
NORTH PALM BEACH FL 33408

Mail to A/E/PO

POST OFFICE BOX 240
JUPITER FL 33468

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FUNKE, STEPHANIE M
760 US HIGHWAY 1 STE. 204
NORTH PALM BEACH FL 33408

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 607.0402 and 607.1403, 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 607.0403, Florida Statutes.

SIGNATURE

Stephanie M. Funke

Stephanie M. Funke

3/15/96

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

[] DELETE

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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(3)(a), 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 registered agent or transfer agent or transfer agent for the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or change of form or an attachment with this filing.

SIGNATURE:

STEPHANIE M. FUNKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephanie M. Funke

3/15/96

407 626 0666

CR2E034 (12/95)