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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

NAME

STREET ADDRESS

CI1Y-S1-7/P

P95000012122 (4)

SPECIAL INVESTIGATIVE & SECURITY SERVICES, INC.

Mailing Address Principal Place of Business 8703 N.W. 35TH ST. 8703 N.W. 35TH ST. **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0564848 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Lax due June 30. Yes No 25 24 30 Personal Property 1ax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOBL, JOSEPH G 8703 N.W. 35TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 84 City Zip Code 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) Signature, typed or printed name of registered agont and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE LOBL, JOSEPH G NAME 12 NAME 8703 N.W. 35TH ST. STREET ADDRESS 13 STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition THUE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP Change DELETE Addition TITLE 311016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CHY- ST- ZIP DELFTE Addition Change TITLE 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-7/P Addition DELETE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET AUDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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 attidress.

6.2 NAME

6.3 STREET ADDRESS 6.4 City - St - ZiP

HOMATHER - band I) Poll Joseph C. 1 old President

1-8-98

054-346-6650

(10/97

FILED

Jan 20 1998 8:00am

Secretary of State