

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000023243 (5)

1. Corporation Name

BRIT-AM INVESTIGATIVE SERVICES, INC.



Principal Place of Business

4495 S.W. 67TH TERRACE
SUITE 204
DAVIE FL 33314

Mailing Address

4495 S.W. 67TH TERRACE
SUITE 204
DAVIE FL 33314

3. Date Incorporated or Qualified
03/22/1995

3a. Date of Last Report
None

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

MAYER, ROBERT M
KELLEY DRYE & WARREN
201 SOUTH BISACAYNE BLVD., SUITE 2400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name MAYER, ROBERT M
82 Street Address (P.O. Box Number is Not Acceptable) PEARSON & MAYER P.A.
83 2474 SW 27TH TERRACE
84 City MIAMI FL 85 Zip Code 33133

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2.8.96.

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & TREASURER	<input type="checkbox"/> DELETE
NAME	JAMES F. WHITEHEAD	
STREET ADDRESS	4495 SW 67 TERRACE, # 204	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOHN BOADEN	
STREET ADDRESS	4495 SW 67 TELL, # 204	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BOADEN

2.8.96. 954713203

Date

Daytime Phone #

CR2E034 (12/95)