

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified 03/22/1985	3a. Date of Last Report None
4. FEI Number 65 0568335	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name MAYER, ROBERT M	82 Street Address (P.O. Box Number is Not Acceptable) KEARLSON & MAYER P.A.
83 2474 SW 27TH TERRACE	84 City MIAMI
85 Zip Code FL 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 reinstating)

DATE

2.8.96.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT & TREASURER	<input type="checkbox"/> DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME JAMES F. WHITEHEAD		2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS 4495 SW 67 TERRACE, # 204		3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP DAVIE, FL 33314		4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE VICE PRESIDENT & SECRETARY	<input type="checkbox"/> DELETE	5. 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME JOHN BOADEN		6. 1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS 4495 SW 67 TERRACE, # 204		
CITY-ST-ZIP DAVIE, FL 33314		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
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TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
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:

OBoden

JOHN BOADEN

2.8.96. 9547A/3203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)