FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000063473

1. Corporation Name: FEDERAL INSURANCE INVESTIGATORS INC.

Principal Place of Business:
38851 SPARKMAN RD
DADE CITY FL
33525

Mailing Address:
PO BOX 540526
ORLANDO FL
32854-0526

3. Date Incorporated or Qualified: 8/14/95
3a. Date of Last Report: 8/14/95

2. Principal Place of Business
21: 38851
22 Suite, Apt. #, etc: SPARKMAN RD.
23 City & State: DADE CITY FL.
24 Zip: 33525
25 Country: PASCO

2a. Mailing Address: PO BOX 540526
26
27 Suite, Apt. #, etc:
28 City & State: ORLANDO FL
29 Zip: 32854-0526
30 Country: ORANGE

4. FEI Number: 59-3357341 — Applied For [ ] Not Applicable [ ]

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent

JAMES C. HENDRICKS
PO BOX 1245
DADE CITY FL 33526
37206 Clinton Ave

10. Name and Address of New Registered Agent

81 Name: DEBRA B. WITTENSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 38851 SPARKMAN RD.
83
84 City: DADE CITY FL 85 Zip Code: 33525

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: x Debra B Wittenst — Debra B. Wittenstein — 2/2/96
(Signature, typed or printed name of registered agent, and title if applicable) (Date) (Registered Agent's signature required when filing this annual report)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P.V.S.T. JAMES C. HENDRICKS 37206 CLINTON AVE DADE CITY FL 33525 [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	P.V.S.T. DEBRA B. WITTENSTEIN 38851 SPARKMAN RD DADE CITY FL 33525 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	000001768310 [ ] Change [ ] Addition -04/03/96--01086--001 ***208.75

CR2E034 (12/95)

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: Debra B. Wittenst — 2/2/96 — (407) 649-1895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DEBRA B. WITTENSTEIN