

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063473 (9)

1. Corporation Name

FEDERAL INSURANCE INVESTIGATORS, INC.

Principal Place of Business

36851 SPARKMAN RD
DADE CITY FL 33525-0526
US

Mailing Address

PO BOX 540526
ORLANDO FL 32854-0526



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 800 N. HIGHLAND	26 540526	08/15/1995	04/03/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For
22 105	27	59-3357341	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 ORLANDO	28 ORLANDO FL.	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	29 32854-0526	30 ORANGE
24 32803	25 ORANGE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WITTENSTEIN, DEBRA B
36851 SPARKMAN RD
DADE CITY FL 33525-0526

10. Name and Address of New Registered Agent

81 Name JIM HENDRICKS
82 Street Address (P.O. Box Number is Not Acceptable)
3427 GRANT BLVD
83
84 City ORLANDO FL 85 Zip Code 32804

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

Debra Hendricks

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	P.V
NAME	HENDRICKS, JAMES C.	1.2 NAME	JAMES HENDRICKS
STREET ADDRESS	37208 CLINTON AVE	1.3 STREET ADDRESS	800 HIGHLAND AVE
CITY - ST - ZIP	DADE CITY FL 33525	1.4 CITY - ST - ZIP	ORLANDO FL 32803
TITLE	PVST	2.1 TITLE	ST
NAME	HENDRICKS, DEBRA B.	2.2 NAME	DEBRA HENDRICKS
STREET ADDRESS	37208 CLINTON AVE	2.3 STREET ADDRESS	800 N. HIGHLAND AVE
CITY - ST - ZIP	DADE CITY FL 33525	2.4 CITY - ST - ZIP	ORLANDO FL 32803
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 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:

Jim Hendricks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97
Date

(407) 649-1895
Daytime Phone #

0087871

CR2E034 (9/96)