

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

FILED

Jun 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000006066 (0)  
1. Corporation Name  
NATIONAL ASSOCIATION OF FRAUD INVESTIGATORS, INC



Principal Place of Business  
728 BENTRESS BLVD.  
DAYTONA BEACH FL 32114

Mailing Address  
728 BENTRESS BLVD.  
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report
4. FEI Number 59-3368020	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 728 FENTRESS BLVD Suite, Apt. #, etc. 22 City & State 23 DAYTONA BEACH, FL 24 Zip 32114 Country 25 USA	2a. Mailing Address 26 728 FENTRESS BLVD Suite, Apt. #, etc. 27 City & State 28 DAYTONA BEACH, FL 29 Zip 32114 Country 30 USA
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9. Name and Address of Current Registered Agent  
BARKIN, MARSHALL H  
149-P SOUTH RIDGEWOOD AVENUE  
SUITE 710  
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY C. ALTES	1.2 NAME	HARVEY C. ALTES
STREET ADDRESS	728 FENTRESS BLVD	1.3 STREET ADDRESS	728 FENTRESS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL H. BARKIN	2.2 NAME	MARSHALL H. BARKIN
STREET ADDRESS	149-P S. RIDGEWOOD AVE, STE 710	2.3 STREET ADDRESS	149-P S. RIDGEWOOD AVE, STE 710
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Harvey C. Altes*

CR2E034 (9/96)