

FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION

P96000011848 (4) A.C.T.I.O.N. INVESTIGATIVE SPECIALIST, INC.

Mailing Address

Principal Place of Business 1342 E. VINE STREET. #415 KISSIMMEE FL 34745

SIGNATURE

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

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1342 E. VINE STREET, #415 KISSIMMEE FL 34745

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23	7	1	28	Zip
_	City & State		١,	City & State
22			27	
	Suite, Apt. #, etc.			Suite, Apt #, et
21			26	
2.	Principal Place of Bus	siness	2a.	Mailing Addres

PARTAIN, JAMES M

1342 E. VINE STREET, #415 KISSIMMEE FL 34745

97 DEC 15 MIII: 12

SECRETARY OF STATE TALLAHASSET, FLORIDA



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4.	02/02/1996 TET Number ター 33572	ر محرج	Applied Fo
5.	Certificate of Status Desired	[]	\$8.75 Additiona Fee Required
6.	Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees
8.	This corporation owes or has pa Personal Property Tax due June		irrent year Inlang b'e [] Yes = [] No

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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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5.2 NAME

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12.	OFFICERS AND DIRECTORS	
TITLE	DOLLEGE	
NAME	PARTAIN, JAMES M	
STREET ADDRESS		
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(NOTE: Registered Agent's quature required when repistating)

Name

Street Ad

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

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Change	Addition	

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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 attach used With an address.



AcTion

• INVESTIGATIVE SPECIALISTS, INC.

- Loss Prevention Services, Inc.
 - SECURITY CONSULTANTS

INVESTIBATIONS • UNIFORMED SECURITY • LOSS PREVENTION • PERSONAL PROTECTION SERVICES • COURT SERVICES

Florida Department of State Attn. Sandra B. Mortham Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam

The enclosed check was submitted on September 9 1996. The check was returned to us in like condition. We attempted to make payment and on time. We had also sent a check prior to this that to this day has not been returned nor cashed. Please be advised that we have attempted to pay this fee.

Thank you for your time and co-operation on this matter.

Sincerely

J.M. Partain