

FILE NOW: FILING FEE ENTER MAY BE \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFILE CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082401 (6)

1. Corporation Name
KAMERMAN & SMITH INVESTIGATIONS, INC.



Principal Place of Business 510 S.E. 1ST AVENUE BOYNTON BEACH FL 33435	Mailing Address 510 S.E. 1ST AVENUE BOYNTON BEACH FL 33435-4902
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3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report
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2. Principal Place of Business 510 SE 1ST AVENUE	2a. Mailing Address SAME
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State BOYNTON BEACH FL	City & State ↓
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Zip 33435-4902	Country USA
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9. Name and Address of Current Registered Agent
**SMITH, JOSEPH
510 S.E. 1ST AVENUE
BOYNTON BEACH FL 33435**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JOSEPH		1.2 NAME	
STREET ADDRESS 510 S.E. 1ST AVENUE		1.3 STREET ADDRESS	
CITY - ST - ZIP BOYNTON BEACH FL 33435		1.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAMERMAN, RICHARD		2.2 NAME	
STREET ADDRESS 510 SE 1ST AVENUE		2.3 STREET ADDRESS	
CITY - ST - ZIP BOYNTON BEACH FL 33435		2.4 CITY - ST - ZIP	
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:  **J. M. Smith President (561) 547-8982 4/23/97**

CR2E034 (9/96)