


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

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>797000047928</u> 1. Corporation Name <u>GLOBAL INVESTIGATIONS INC</u>			
Principal Place of Business <u>841 W 50th</u> <u>Hialeah FL 33012</u>		Mailing Address <u>841 W 50th</u> <u>Hialeah FL 33012</u>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent <u>ALEC MORGADE</u> <u>841 W 50th</u> <u>Hialeah FL 33012</u>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <u>FL</u>			
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP [ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP [ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP [ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP [ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP [ ] Change [ ] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [ ] DELETE		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP [ ] Change [ ] Addition	
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. <b>SIGNATURE:</b> <u>Alec Morgade</u> <u>President</u> <u>4/30/98</u>			

CR2E034 (9/96)