


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

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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000022211 1. Corporation Name BR INVESTIGATIONS, INC.					
Principal Place of Business POST OFFICE BOX 560787 ORLANDO FL 32856			Mailing Address POST OFFICE BOX 560787 ORLANDO FL 32856		
2. Principal Place of Business 21 5449 S. Semoran Blvd. Suite, Apt. #, etc. 22 221 City & State 23 Orlando, Fl Zip 24 32822		2a. Mailing Address 26 5449 S. Semoran Blvd. Suite, Apt. #, etc. 27 221 City & State 28 Orlando, Fl Zip 29 32822		3. Date Incorporated or Qualified 03/10/1998 4. FEI Number 59-3505363 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			10. Name and Address of New Registered Agent 81 Name Robert Hosch 82 Street Address (P.O. Box Number is Not Acceptable) 5449 S. Semoran Blvd., Ste 221 83 84 City Orlando FL 85 Zip Code 32822		
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 <i>Robert H. Hosch Jr.</i> DATE 3/3/99 <small>Signature of officer or director name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME HOSCH, ROBERT H JR. STREET ADDRESS POST OFFICE BOX 560787 CITY-ST-ZIP ORLANDO FL 32856 TITLE VD <input type="checkbox"/> DELETE NAME BUTLER, C V JR. STREET ADDRESS POST OFFICE BOX 560787 CITY-ST-ZIP ORLANDO FL 32856 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Robert Hosch Jr.

Date

Daytime Phone #

3/3/99 (407) 881-5200 411002

CR2E034 (11/98)