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A PARTNERSHIP OF INDEPENDENT LAW FIRMS

September 3, 1999

Secretary of State
Division of Corporations
The Capitol
Post Office Box 6327
Tallahassee, FL 32301

600002980376--8
-09/08/99-01029-007
*****35.00 *****35.00

Re: Associated Investigators of Ft. Lauderdale, Inc.

Dear Sir/Madam:

Enclosed please Statement of Change of Registered Office or Registered Agent or Both for Corporations along with our check in the amount of \$35.00 for filing same.

Very truly yours,

LAW OFFICES OF HARVEY M. ALPER

BY: HARVEY M. ALPER

HMA/mw
Enclosure
cc: David Case

FILED
99 SEP -8 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
SANDRA MORTHAM, SECRETARY OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Associated Investigators of Ft. Lauderdale, Inc.

1a. Date of incorporation 8/23/99 Document number P99000076606

2. The name and address of the current registered agent and office:

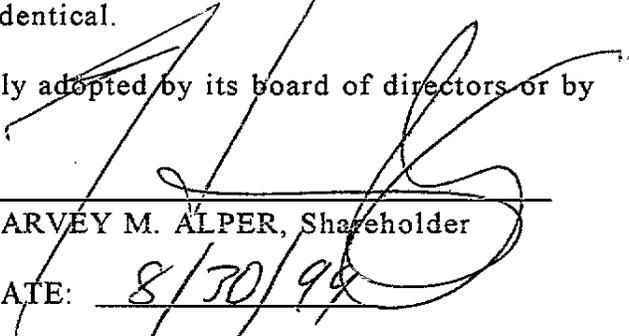
Harvey M. Alper
112 West Citrus Street
Altamonte Springs, FL 32714

3. The name and address of the new registered agent and office:

125 N.W. 4th St.
Ft. Lauderdale, Fla.
33301
David Case, Registered Agent

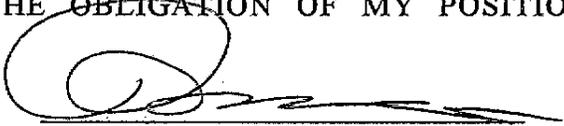
The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


HARVEY M. ALPER, Shareholder

DATE: 8/30/99

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.


DAVID CASE, Registered Agent

DATE: 8/30/99

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99 SEP -8 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA