FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90973 (6)

1. Corporate Name

LEGAL SUPPORT AND INVESTIGATIVE SERVICES, INC.

Principal Place of Business
300 AZURE WAY
MIAMI SPRINGS FL 33166

Mailing Address
300 AZURE WAY
MIAMI SPRINGS FL 33166

FOR DEPARTMENT USE ONLY

3. Date Incorporated or Qualified: 10/31/1991

3a. Date of Last Report: 05/19/1994

2. Principal Place of Business
21 610 QUAIL AVE
22 Suite, Apt. # or Bldg.
23 City MIAMI SPRINGS FL.
24 State 33166
25 Country

2a. Mailing Address
26 610 QUAIL AVE
27 Suite, Apt. # or Bldg.
28 City MIAMI SPRINGS FL.
29 State 33166
30 Country

4. FEI Number: 65-0346343 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has submitted for changes to be made in Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PETRIE, DAVID
610 QUAIL AVENUE
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible], Florida Statutes, the undersigned corporation submits the statement for the designation of registered office 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 [illegible], Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Address
PD	PETRIE, DAVID	300 AZURE WAY MIAMI SPRINGS FL
STD	JOHNSON, CAROL	300 AZURE WAY MIAMI SPRINGS FL

13. ADDITIONAL OFFICERS AND DIRECTORS

Title	Name	Address
X Dir		610 QUAIL AVE MIAMI SPRINGS FL. 33166
X Dir		610 QUAIL AVE MIAMI SPRINGS FL. 33166

14. I declare that the information supplied with this report is complete and accurate, and that I am aware that false information submitted to a public officer or agency is a violation of Section 817.155, Florida Statutes. I further certify that the officers or directors listed on the annual report or supplemental annual report, if applicable, are aware of their designation as officer or director and that the corporation has received no resignation from any officer or director listed on the report as required by Chapter 607, Florida Statutes, and that no name appears on Block 12 or Block 13 of this report or any attachment with an address

SIGNATURE: DAVID PETRIE 5/9/95 305 885-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0181451 CP