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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY - S1 - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V06586

(4)

DATA INVESTIGATION SERVICE, INC.

Principal Place of Business Mailing Address % P.O. BOX 650355 % P.O. BOX 650355 VERO BEACH FL 32965 VERO BEACH FL 32965 3. Date incorporated or Qualified 3a. Date of Last Report 01/13/1992 04/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0443649 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FURINO, FRANK JR 755-1 8TH COURT Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32962 63 84 City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PERAGINE, SALVATORE 1.2 NAME NAME STREET ADDRESS 331 LEGEND TRAIL 1.3 STREET ADDRESS VERO BEACH FL 32963 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 2.1 TITLE ☐ Change THUE FURINO, FRANK 2.2 NAME NAME STREET ADDRESS 331 LEGEND TRAIL 2.3 STREET ADDRESS VERO BEACH FL 2.4 CITY-ST-ZIP CRY-St-ZiE DELETE Change Addition HILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS City - St - ZiP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE THE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change 6.1 TITLE Addition THE 900002184679 -05/20/97--01033--019 6.2 NAME NAME

appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Ido 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

***165.00

FILED

May 08 1997 8:00am

Secretary of State