

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000669 (1)**  
 1. Corporation Name  
**INTERNATIONAL ASSOCIATION OF LAW ENFORCEMENT INTELLIGENCE ANALYSTS, INC.**



Principal Place of Business <b>3101 COMMERCE PKWY MIRAMAR FL 33025 US</b>	Mailing Address <b>P O BOX 821086 SOUTH FLORIDA FL 33082-086 US</b>
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3. Date Incorporated or Qualified  
**02/04/1994**

4. FEI Number  
**52-1211212**

2. Principal Place of Business 21	2a. Mailing Address 26 <b>Lawrenceville, NJ 08648-0385</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>P.O. BOX 6385</b>
City & State 23	City & State 28 <b>Lawrenceville, NJ</b>
Zip 24	Country 29 <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**HOLLINGER, MAUREEN C  
3101 COMMERCE PARKWAY  
MIRAMAR FL 33025**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERSON, MARILYN B</b>	
STREET ADDRESS	<b>73 GORDON AVE.</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE NJ 08648</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRENCH, MARY A</b>	
STREET ADDRESS	<b>16320 NW 2ND AVE</b>	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HOLLINGER, MAUREEN C</b>	
STREET ADDRESS	<b>3101 COMMERCE PKWY</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ZENDROWSKI, PAUL G</b>	
STREET ADDRESS	<b>191 LAURIER AVE W 18TH FLOOR</b>	
CITY-ST-ZIP	<b>OTTAWA ON</b>	
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	<b>VPT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Martinez, Richie</b>	
2.3 STREET ADDRESS	<b>6868 South Plumer</b>	
2.4 CITY-ST-ZIP	<b>TUSCON, AZ 85706</b>	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maureen C. Hollinger Date: 2/24/98 Phone: (954) 430-4912

CR2E037 (10/97)