

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004239 (9)

1. Corporation Name
CRIMINAL INCARCERATION, INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

Principal Place of Business Mailing Address
**801 ORIENTA AVE. 1000
ALTAMONTE SPRINGS FL 32701** **801 ORIENTA AVE. 1000
ALTAMONTE SPRINGS FL 32701**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date incorporated or deemed to be incorporated in Florida
08/26/1994 **NA**

4. FEI Number
59-3266404 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under R. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**SABOFF, JAMES R
801 ORIENTA AVE, 1000
ALTAMONTE SPRINGS FL 32701**

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 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **D**

NAME **SCHROEDER, BILL**

STREET ADDRESS **102 S SPRING GARDEN AVE**

CITY - ST - ZIP **DELAND FL 32720**

TITLE **D**

NAME **HARMON, JOHN N**

STREET ADDRESS **4479 HARBOUR LIGHTS CT**

CITY - ST - ZIP **ORLANDO FL 32817**

TITLE **D**

NAME **SABOFF, JAMES R**

STREET ADDRESS **801 ORIENTA AVE, 1000**

CITY - ST - ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R. Saboff **JAMES R. SABOFF** Treasurer 7/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR Date Date of Filing