

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734061** (5)  
1. Corporation Name  
**CRIMINAL AND JUVENILE JUSTICE INTERNATIONAL, INC**



Principal Place of Business <b>381 SOUTH OWASSO BLVD. ROSEVILLE MN 55113</b>	Mailing Address <b>381 SOUTH OWASSO BLVD ROSEVILLE MN 55113-2119 US</b>
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3. Date Incorporated or Qualified <b>10/14/1975</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	4. FEI Number <b>51-0187430</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHEMBERA, JEFF  
676 NAUTILUS COURT  
UNIT 7M  
FT. WALTON BEACH FL 32548**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWAN, JOSEPH R.</b>	1.2 NAME	
STREET ADDRESS	<b>381 SOUTH OWASSO BLVD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROSEVILLE MN</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAHONEY, MICHAEL J.</b>	2.2 NAME	
STREET ADDRESS	<b>59 E VAN BUREN SUITE 1600</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COSTELLO, HOWARD J.</b>	3.2 NAME	
STREET ADDRESS	<b>1325 MCKISICK RD LANE NO</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STILLWATER MN</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, SANGER B.</b>	4.2 NAME	
STREET ADDRESS	<b>3300 VISTA ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GREEN BAY WI</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEHOE, CHARLES J.</b>	5.2 NAME	
STREET ADDRESS	<b>11805 HEATHMERE CRESCENT</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIDLOTHIAN VA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHEMBERA, JEFF</b>	6.2 NAME	
STREET ADDRESS	<b>676 NAUTILUS CT. UNIT 7M</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. WALTON BCH FL</b>	6.4 CITY - ST - ZIP	

14. I do 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: **Joseph R. Rowan, President/CFO** *Joseph R. Rowan* 1/23/97 (612)481-9644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078270

CR2E037 (9/96)