FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L10854** **(2)**

1. Corporation Name

FORENSIC TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
500 COUNTY ROAD 1 PALM HARBOR FL 34683	500 COUNTY ROAD 1 PALM HARBOR FL 34683

3. Date Incorporated or Qualified: **08/21/1989**

3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-2968184** [ ] 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 liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 1168 ENISWOOD PARKWAY	26 1168 ENISWOOD PARKWAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PALM HARBOR, FL	28 PALM HARBOR, FL
24 Zip 34683 25 Country USA	29 Zip 34683 30 Country USA

9. Name and Address of Current Registered Agent

NICHELSON, G. REX, JR.
1168 ENISWOOD PARKWAY
PALM HARBOR FL 34683-2022

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 (Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	NICHELSON, G. REX, JR		1.2 NAME		
STREET ADDRESS	1168 ENISWOOD PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683-2022		1.4 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	FISCH, FRANKLIN M.		2.2 NAME		
STREET ADDRESS	500 COUNTRY ROAD 1		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683-6103		2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE	TREASURER (T)	[ ] Change [X] Addition
NAME			3.2 NAME	GREGORY C. NICHELSON	
STREET ADDRESS			3.3 STREET ADDRESS	500 COUNTY ROAD 1	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-27-96 813-787-3850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)