

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L92629** (9)
1. Corporation Name
CRIMINAL JUSTICE RESEARCH ASSOCIATES, INC.



Principal Place of Business

1700 SE 15 ST
STE 303
FT LAUDERDALE FL 33316
US

Mailing Address

1700 SE 15 ST
STE 303
FT LAUDERDALE FL 33316
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TERRY, W. CLINTON, III
1700 SE 15 ST
STE 303
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified
08/07/1990

3a. Date of Last Report
02/14/1995

4. FEI Number
65-0225154

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

Yes No

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)

(If 11B Registered Agent's signature appears when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE P
NAME TERRY, W. CLINTON, III
STREET ADDRESS 1700 SE 15 ST #303
CITY-STATE-ZIP FT LAUDERDALE FL
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

954-527-9229

CR2E034 (12/95)