

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M93000002574**

1. Corporation Name
FLORIDA DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION, INC

Principal Place of Business: **4471 N.W. 36th ST. SUITE 214 MIAMI SPRINGS, FL 33166**
Mailing Address: **4471 N.W. 36th ST SUITE 214 MIAMI SPRINGS, FL 33166**

21	2. Principal Place of Business	2a.	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	JUNE 1, 1993		MAY 1, 1995
4.	FEI Number	Applied For	
	65-0434452	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILLIAM H. McQUAY 4471 N.W. 36th ST MIAMI SPRINGS, FL 33166				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: William H. McQuay **WILLIAM H. McQUAY** DATE: **4-29-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANK SHONBERGER			1.2 NAME	TOM FADUL		
STREET ADDRESS	85 DEER RUN			1.3 STREET ADDRESS	9105 NW 25th ST.		
CITY-ST-ZIP	MIAMI SPRINGS, FL. 33166			1.4 CITY-ST-ZIP	MIAMI, FL. 33172		
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOM FADUL			2.2 NAME	DEBBIE FISCHER		
STREET ADDRESS	9105 NW 25th ST			2.3 STREET ADDRESS	500 W. ROBINSON ST.		
CITY-ST-ZIP	MIAMI, FL 33172			2.4 CITY-ST-ZIP	ORLANDO, FL 32801		
TITLE	CHAIRMAN OF BOARD OF DIR.	<input type="checkbox"/> DELETE		3.1 TITLE	CHAIR. OF THE BOARD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JULIE SHOFF			3.2 NAME	FRANK SHONBERGER		
STREET ADDRESS	555 S.E. 1ST AVE			3.3 STREET ADDRESS	85 DEER RUN		
CITY-ST-ZIP	FT LAUDERDALE FL. 33301			3.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAN JOHNSON			4.2 NAME			
STREET ADDRESS	1301 N. PALAFOX ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	DENSAQUA, FL 32501			4.4 CITY-ST-ZIP			
TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERT HAWKES			5.2 NAME	ROSEMARY BROWN		
STREET ADDRESS	234 E. 7th AVE			5.3 STREET ADDRESS	234 E. 7th AVE		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAM H. McQUAY			6.2 NAME			
STREET ADDRESS	4471 NW 36th ST. #214			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166			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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. McQuay DATE: **4-29-96** 305-885-9177

CR2E037 (12/95)