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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002574 (2)
 1. Corporation Name
FLORIDA DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION INC.



Principal Place of Business 4471 NW 36TH ST SUITE 214 MIAMI SPRINGS FL 33166 US	Mailing Address 4471 NW 36TH ST SUITE 214 MIAMI SPRINGS FL 33166-7259 US
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3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 06/04/1996
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2. Principal Place of Business 21 512 BOBER BLVD N. Suite, Apt. #, etc.	2a. Mailing Address 26 512 BOBER BLVD N Suite, Apt. #, etc.
22 City & State LAKELAND, FL	27 City & State LAKELAND, FL
23 Zip 33803-4406	24 Country USA
25 Country USA	29 Zip 33803-4406
30 Country USA	

4. FEI Number 65-0434452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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
**MCQUAY, WILLIAM H
 4471 NW 36TH ST
 SUITE 214
 MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent
 81 Name **HERMAN E. MOULDEN**
 82 Street Address (P.O. Box Number is Not Acceptable)
512 BOBER BLVD. N.
 83
 84 City **LAKELAND** **FL** 85 Zip Code **33803-4406**

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: **HERMAN E. MOULDEN, SECRETARY/TREASURER** *H.E. Moulden* **3-31-97**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SHONBERGER, FRANK
STREET ADDRESS	85 DEER RUN
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	FADUL, THOMAS
STREET ADDRESS	9105 NW 25TH ST
CITY-ST-ZIP	MIAMI FL 33172
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	MCQUAY, WILLIAM H
STREET ADDRESS	4471 NW 36TH ST #214
CITY-ST-ZIP	MIAMI SPRINGS FL 33166
TITLE	COB <input checked="" type="checkbox"/> DELETE
NAME	SHOFF, JULIE
STREET ADDRESS	555 SE 1ST AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JAN
STREET ADDRESS	1301 N. PALAFOX ST.
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HAWKES, ROGER
STREET ADDRESS	234 EAST 7TH AVE
CITY-ST-ZIP	TALLAHASSEE FL 32303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEBBIE FISCHER
1.3 STREET ADDRESS	500 W. ROBINSON ST
1.4 CITY-ST-ZIP	ORLANDO, FL 32801
2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS FADUL
2.3 STREET ADDRESS	9105 NW 25 ST
2.4 CITY-ST-ZIP	MIAMI, FL 33172
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HERMAN MOULDEN
3.3 STREET ADDRESS	512 BOBER BLVD N.
3.4 CITY-ST-ZIP	LAKELAND, FL 33803-4406
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARLA SCHEEL
4.3 STREET ADDRESS	1301 N. PALAFOX ST.
4.4 CITY-ST-ZIP	PENSACOLA, FL 32501
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROSEMARY BROWN
5.3 STREET ADDRESS	234 EAST 7TH AVE
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CAROL HERRING
6.3 STREET ADDRESS	711 A LIBERTY ST.
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202

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: **HERMAN E. MOULDEN** *H.E. Moulden* **3-31-97** **941 534 6358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032030

CR2E037 (9/96)