


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>512 BOGER BLVD NORTH LAKELAND FL 33803-4406 US</b>	Mailing Address <b>512 BOGER BLVD NORTH LAKELAND FL 33803-4406 US</b>
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3. Date Incorporated or Qualified <b>06/01/1993</b>	
4. FEI Number <b>65-0434452</b>	Applied For <input type="checkbox"/> 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**MOULDEN, HERMAN E  
512 BOGER BLVD NORTH  
LAKELAND FL 33803**

**10. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FISCHER, DEBBIE</b>
STREET ADDRESS	<b>500 W ROBINSON ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>FADUL, THOMAS</b>
STREET ADDRESS	<b>9105 NW 25 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>MOULDEN, HERMAN</b>
STREET ADDRESS	<b>512 BOGER BLVD NORTH</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHEEL, CARLA</b>
STREET ADDRESS	<b>1301 N PALAFOX ST</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, ROSEMARY</b>
STREET ADDRESS	<b>234 EAST 7TH AVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HERRING, CAROL</b>
STREET ADDRESS	<b>711 A LIBERTY ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Chairperson</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Fischer, Debbie</b>
1.3 STREET ADDRESS	<b>500 W. Robinson St</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL 32801</b>
2.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jay Mullins</b>
2.3 STREET ADDRESS	<b>3228 Gun Club Road</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Karen Bryant</b>
3.3 STREET ADDRESS	<b>964 Glenview Circle</b>
3.4 CITY-ST-ZIP	<b>Winter Garden, FL 34787</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* **FL 33803**

CR2E037 (10/97)