


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90028 047 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N93000002574**

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

|   |   |
|---|---|
| Principal Place of Business<br>612 BOGER BLVD NORTH<br>LAKELAND FL 33803-4406<br>US<br>13280 SW 99 Street<br>Miami, FL 33186-2271 | Mailing Address<br>512 BOGER BLVD NORTH<br>LAKELAND FL 33803-4406<br>US<br>13280 SW 99 Street<br>Miami, FL 33186-2271 |
|---|---|



|  |  |   |  |  |   |
|--|--|---|--|--|---|
| 2. Principal Place of Business<br>21 13280 SW 99 Street<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Miami FL<br>Zip Country<br>24 33186-2271 25 USA | 2a. Mailing Address<br>26 13280 SW 99 Street<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Miami, FL<br>Zip Country<br>29 33186-2271 30 USA | 3. Date Incorporated or Qualified<br>06/01/1993 | 4. FEI Number<br>65-0434452<br>Applied For<br>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 |
|--|--|---|--|--|---|

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

|   |
|---|
| 81 Name<br>Patricia Ann Murphy  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>13280 SW 99 Street |
| 83  |
| 84 City<br>Miami  |
| 85 Zip Code<br>FL 33186   |

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: Patricia Ann Murphy Patricia Ann Murphy 2-2-99  
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|  |                                 |  |
|--|---------------------------------|--|
| TITLE<br>D                             | NAME<br>FISCHER, DEBBIE         | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br>500 W ROBINSON ST    | CITY-ST-ZIP<br>ORLANDO FL 32801 |  |
| TITLE<br>C                             | NAME<br>FADUL, THOMAS           | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br>9105 NW 25 STREET    | CITY-ST-ZIP<br>MIAMI FL         |  |
| TITLE<br>ST                            | NAME<br>MOULDEN, HERMAN         | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS<br>512 BOGER BLVD NORTH | CITY-ST-ZIP<br>LAKELAND FL      |  |
| TITLE<br>D                             | NAME<br>SCHEEL, CARLA           | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br>1301 N PALAFOX ST    | CITY-ST-ZIP<br>PENSACOLA FL     |  |
| TITLE<br>D                             | NAME<br>BROWN, ROSEMARY         | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br>234 EAST 7TH AVE     | CITY-ST-ZIP<br>TALLAHASSEE FL   |  |
| TITLE<br>D                             | NAME<br>HERRING, CAROL          | <input type="checkbox"/> DELETE            |
| STREET ADDRESS<br>711 A LIBERTY ST     | CITY-ST-ZIP<br>JACKSONVILLE FL  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |   |
|--|---|
| 1.1 TITLE<br>C                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 1.2 NAME<br>Jay Mullins                      |   |
| 1.3 STREET ADDRESS<br>3228 Gun Club Rd       |   |
| 1.4 CITY-ST-ZIP<br>West Palm Beach, FL 33406 |   |
| 2.1 TITLE<br>D                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 2.2 NAME<br>Ronald Plenge                    |   |
| 2.3 STREET ADDRESS<br>1209 E. 15 Street      |   |
| 2.4 CITY-ST-ZIP<br>Panama City, FL 32405     |   |
| 3.1 TITLE<br>ST                              | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME<br>Patricia A. Murphy               |   |
| 3.3 STREET ADDRESS<br>13280 SW 99 Street     |   |
| 3.4 CITY-ST-ZIP<br>Miami, FL 33186-2271      |   |
| 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, with all other like empowered.

SIGNATURE: Patricia Ann Murphy Patricia Ann Murphy 2-2-99 305-471-2014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)