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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

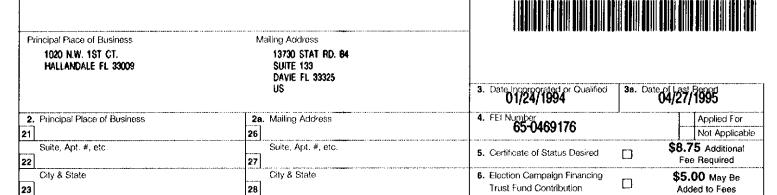
Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

P9400005687 (6)

28

1. Corporation Name AMERICAN I.D., INC



Ζıp Country  $Z \phi$ Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 MANES, MICHAEL B 62 Street Address (P.O. Box Number is Not Acceptable) 644 SE 5TH AVE. ET TAHINCONALE EL 22201

TI. ENDERDALE TE 0000 I	DΟ	
	84	City 85 Zip Code
		<b>                                    </b>
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo		
or registered agent, or both, in the State of Florida. Such change was authorized by the	corp	pration's board of directors. Thereby accept the appointment as registered agent. I am
A CONTROL OF A CONTROL OF THE STATE OF THE S		

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 (NO OFFICERS AND DIRECTORS		egistered Agont signature re		DATE THONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PD OF FIGURE AND EMECUTORS	DELETE	1. 1 1/1LE	ADDITIONS/CHANGES TO	Change	Addition	
TifLE	CHOI, HYUN SOON	□ DECEN		·	E_j Criange	[] Addition	
NAME	1020 NW 1ST CT.		1.2 NAME	•			
STREET ADDRESS	HALLANDALE FL 33009		1.3 STREET ADDRESS				
CITY~ST · ZIP	TALLANDALE PL 33003		1.4 CITY - \$7 - 7/P		<del></del>		
TITLE		DELETE	2. 1 1/TLF		Change	Addition Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		[] DELETE	3. 1 TITLE		Change	Addition Addition	
NAME			3.2 NAME				
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CITY-S1-7iP			3.4 CITY - ST - ZiP				
TITLE		DELETE	4. 1 1/TLE		Change	Addition Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CHTY-S1-ZIF			4.4 CITY - ST - ZiP		·		
TITLE		DELETE	5. 1 TOLE		Change	Addition Addition	
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET ADDRESS				
CHTY-ST-ZIP			5.4 CITY-S1-7(P)				
TITLE		DELETE	6. 1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CHTY-S1-ZIP			6.4 CITY-ST-7:P				

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)(ii), 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, of

SIGNATURE:

30, 96 (94) 845-0013

Added to Fees