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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000007116

1. Corporation Name
CROSS MATCH TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 777 S FLAGLER DR 777 S FLAGLER DR
 1200 ET 1200 ET
 W PALM BCH FL 33401 W PALM BCH FL 33401
 US US

3. Date Incorporated or Qualified
01/23/1996

4. FEI Number Applied For
65-0637546 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent
ANGELL CORPORATE SERVICES, INC.
% EDWARDS & ANGELL
250 ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33840

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, HELEN E	
STREET ADDRESS	11662 LAKE SHORE PLACE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCOTT, WALTER G	
STREET ADDRESS	11662 LAKESHORE PL	
CITY-ST-ZIP	NORTH PALM BCH FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	DAVIS, JAMES	
STREET ADDRESS	13188 FLAMINGO TERR	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, HELEN E	
STREET ADDRESS	11662 LAKESHORE PL	
CITY-ST-ZIP	N PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JOSEPH	
STREET ADDRESS	2884 BIRKDALE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETENSKY, ELLIS	
STREET ADDRESS	61 ST CLARKE AVE W 1008	
CITY-ST-ZIP	TORONTO ON	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR CORETTE SEAN
1.3 STREET ADDRESS	5501 CHAMBERLAIN
1.4 CITY-ST-ZIP	CHEV CHASE MD 20815
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHAIRMAN OF THE BOARD JOHNSON, TED
2.3 STREET ADDRESS	140 ATLANTIC AVE
2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT CARVER, F. JACK
3.3 STREET ADDRESS	8002 SE MAMMOTH DR.
3.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR BETENSKY, ELLIS
6.3 STREET ADDRESS	1008-61 ST. CLAIR AVE. W
6.4 CITY-ST-ZIP	TORONTO, ON M4V2Y8

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 607, 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: J.F. Carver DATE: January 20, 1999 PHONE: 561-802-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)