FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046001 (9)

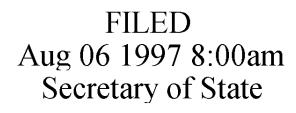
ID TEAM INC.

Principal	Place of	Business
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15900 EDGEFIELD ROAD

Mailing Address

15900 EDGEFIELD ROAD WELLINGTON EL 33414-909





WELLINGTON	FL 33414	WELLINGTON FL 3341	4-9037							
						3. Date Incorporated or Qualified 05/30/1996	3a. Da	te of L	ast Rep	oort
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			App	lied For
21 26						65-067820	78		Not .	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred				
City & State	9	City & State				6. Election Campaign Financing		\$ 5	.00 M	fou Bo
23		28				Trust Fund Contribution			ded to	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in	tangible			
24	25	29	30				Yes [.00.002,
	9. Name and Address of Currer	nt Registered Agent	-, -, -, - , -, -, -, -, -, -, -, -, -, -, -, -, -,	Ι""		10. Name and Address of New Reg	Istered A	gent		
AUS	STIN, CHARLES S			81	Name				·	
	00 EDGEFIELD ROAD									
	LINGTON FL 33414			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	 		
				83						
				84	City		FL	1 1	Zip Co	
11. Pursuant to office or reagent. I as	to the providens of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	l2 and 607.1508, Florida Sta of Florida. Such change wa ations of, Section 607.0505	atutes, the a as authorize , Florida Sta	bove d by tutes	:-named cor the corpora :	rporation submits this statement for the pu ation's board of directors. I hereby accep	rpose of the appo	changi intmer	ing its i nt as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE Registere	d Age	nt signature req	ulred when reinstitting)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIREC	TORS	IN 12
TITLE	D	☐ DELETE	1.1 Ti	TLE				Cha	nge	Addition
NAME	AUSTIN, CHARLES S		1.2 N	AME						
STREET ADDRESS	15900 EDGEFIELD ROAD		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	WELLINGTON FL 33414			TY - \$						
TITLE	D	DELETE	2.1 71		<u> </u>			Cha	noe	Addition
NAME	AUSTIN, HOLLY		2.2 N	AME	1					_
STREET ADDRESS	15900 EDGEFIELD ROAD				ADDRESS					
CITY-ST-ZIP	WELLINGTON FL 33414				ST - ZIP					
TITLE		DELETE	3.1 TI		1-54			Cha	DOG	Addition
NAME			3.2 N				,			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					1					
TITLE		DELETE	3.4. G		ST-ZIP			Cha	000	Addition
NAME							I		iiAc	AUUNIUH
			4.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	***	Попет	4.4 CI		I - ZIP			٠		14000
TITLE		DELETE	5.1 TI				l	Cha	nge	Addition
NAME			5.2 N/							
STREET ADDRESS			5.3 \$1	REET.	ADDRESS					}
CITY-ST-ZIP	<u></u>		5.4 CI		I-ZIP					
TITLE		☐ DELETE	61 TI	TLE				Cha	nge	Addition
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 \$1	REET.	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-\$1	T-21P					
44 1 44 1 4 4 4		1 21 41 7 70				11 0 11 140 07(0)(1) 51 11 01 11				

4. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.