

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **733323** (0)  
1. Corporation Name  
**CITIZENS' CRIME WATCH, INC.**



Principal Place of Business: **1515 N. W. 79TH AVENUE MIAMI FL 33126**  
Mailing Address: **1515 N. W. 79TH AVENUE MIAMI FL 33126**

3. Date Incorporated or Qualified: **07/10/1975**  
3a. Date of Last Report: **02/17/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>59-1629766</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**JOHNSON, ELLEN**  
**1515 NW 79 AVENUE**  
**ROOM 310**  
**MIAMI FL 33126**

81 Name: **Johnson, Ellen**  
82 Street Address (P.O. Box Number is Not Acceptable): **1515 N.W. 79th Ave.**  
83  
84 City: **Miami** FL 85 Zip Code: **33126**

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>PVD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, ELLEN</b>	
STREET ADDRESS	<b>14340 N. W. 12TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, FRED</b>	
STREET ADDRESS	<b>9105 NW 25 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>IRVING HELLER</b>	
STREET ADDRESS	<b>9105 N.W. 25TH ST MDPD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>VINCE SCHAFMEISTER JR</b>	
STREET ADDRESS	<b>1100 N.W. 95TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Johnson, Ellen</b>	
1.3 STREET ADDRESS	<b>1515 N.W. 79th Ave</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33126</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Larry Juriga</b>	
2.3 STREET ADDRESS	<b>13130 N.E. 8th Ave.</b>	
2.4 CITY-ST-ZIP	<b>N. Miami, FL 33161</b>	
3.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Vince Schafmeister, Jr.</b>	
3.3 STREET ADDRESS	<b>1100 N.W. 95th Street</b>	
3.4 CITY-ST-ZIP	<b>Miami, FL 33150</b>	
4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Laura Weiss</b>	
4.3 STREET ADDRESS	<b>5765 N.W. 158 Street</b>	
4.4 CITY-ST-ZIP	<b>Miami Lakes, FL 33014</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>200001772552</b>	
5.4 CITY-ST-ZIP	<b>-04/08/96--01060--020</b>	
6.1 TITLE	<b>***61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: *x Ellen Johnson* **ELLEN JOHNSON** Date: **305-470-1670**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **564-8-96**

CR2E037 (12/95)