

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

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733323 (0)**

1. Corporation Name  
**CITIZENS' CRIME WATCH, INC.**



Principal Place of Business <b>1515 N. W. 79TH AVENUE MIAMI FL 33126</b>	Mailing Address <b>1515 N. W. 79TH AVENUE MIAMI FL 33126</b>
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3. Date Incorporated or Qualified  
**07/10/1975**

4. FEI Number  
**59-1629766**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ELLEN	
STREET ADDRESS	1515 N. W. 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, FRED	
STREET ADDRESS	9105 NW 25 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	IRVING HELLER	
STREET ADDRESS	9105 N.W. 25TH ST MDPD	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	VINCE SCHAFMEISTER JR	
STREET ADDRESS	1100 N.W. 95TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEISS, LAURA	
STREET ADDRESS	5765 NW 158 ST	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP/Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Irving Heller
2.3 STREET ADDRESS	9105 N.W. 25th Street MDPD
2.4 CITY-ST-ZIP	Miami, Florida 33172
3.1 TITLE	VP/Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Laura Weiss
3.3 STREET ADDRESS	5765 N.W. 158th Street
3.4 CITY-ST-ZIP	Miami, Florida 33014
4.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carlos Alvarez
4.3 STREET ADDRESS	9105 N.W. 25th Street MDPD
4.4 CITY-ST-ZIP	Miami, FL 33172
5.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Samuel Harte
5.3 STREET ADDRESS	P. O. BOX 561775
5.4 CITY-ST-ZIP	Miami, FL 33256-1775
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.

SIGNATURE: Ellen Johnson **ELLEN JOHNSON** 1/7/98 3054701670

CR2E037-140871