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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733323

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/10/1975
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1629766
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code FL

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 Ellen Johnson, Chairman DATE February 3, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELLEN	1.2 NAME	Irving Heller PD
STREET ADDRESS	1515 N. W. 79TH AVENUE	1.3 STREET ADDRESS	9105 N.W. 25th St,
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	VPTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, IRVING	2.2 NAME	Carlos Alvarez
STREET ADDRESS	9105 N.W. 25TH ST, MDPD	2.3 STREET ADDRESS	9105 N.W. 25th St.,
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	Miami, FL 33172
TITLE	VPSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, LAURA	3.2 NAME	Samuel Harte VPTD
STREET ADDRESS	5765 N.W. 158TH STREET	3.3 STREET ADDRESS	P.O. BOX 561775
CITY-ST-ZIP	MIAMI FL 33014	3.4 CITY-ST-ZIP	Miami, FL 33256
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Lucien C. Proby III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, CARLOS	4.2 NAME	Vice President/Secretary VPSD
STREET ADDRESS	9105 N.W. 25TH STREET, MDPH	4.3 STREET ADDRESS	7300 N. Kendall Dr., #519
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Chairperson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTE, SAMUEL	5.2 NAME	Ellen Johnson
STREET ADDRESS	P.O. BOX 561775 N/A	5.3 STREET ADDRESS	1515 N.W. 79 Ave
CITY-ST-ZIP	MIAMI FL 33256	5.4 CITY-ST-ZIP	Miami, FL 33126
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Ellen Johnson DATE 2/3/99 (305-470-1670)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Johnson

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