

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 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
		DOCUMENT # <b>N14694</b> (6) Corporation Name <b>SHERIFF'S POSSE OF BROWARD COUNTY INC.</b>



1. Corporation Name  
**SHERIFF'S POSSE OF BROWARD COUNTY INC.**

Principal Place of Business <b>2601 W. BROWARD BLVD. FT. LAUDERDALE FL 33311 US</b>	Mailing Address <b>2601 W. BROWARD BLVD. FT LAUDERDALE FL 33311 US</b>
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3. Date Incorporated or Qualified <b>05/01/1986</b>	
4. FEI Number <b>59-2681270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MURRAY, MARK**  
**2601 W BROWARD BLVD**  
**FT LAUDERDALE FL 33311**

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 <b>FL</b>

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	S	<input checked="" type="checkbox"/> DELETE
NAME	TRITT, KELLY	
STREET ADDRESS	6721 SW 17TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LASHMAN, MICHAEL A	
STREET ADDRESS	4706 NW 5B AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DICKERMAN, MARC	
STREET ADDRESS	1850 NW 48 STREET #239	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRITT, RITA	
STREET ADDRESS	6721 SW 17TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	COCHRAN, RON	
STREET ADDRESS	2601 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, MARK	
STREET ADDRESS	2601 W. BROWARD BLD.	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TODD, DAVID	
1.3 STREET ADDRESS	7521 NW 16 Street Apt 4104	
1.4 CITY-ST-ZIP	Plantation, FL 33313	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COLE, CLIFTON	
2.3 STREET ADDRESS	19320. NW 2. Street	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	T	
3.2 NAME	RUDNICK, MICHAEL	
3.3 STREET ADDRESS	1600 NE 40. Court	
3.4 CITY-ST-ZIP	Oakland Park, FL 33334	
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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jenne, Ken	
5.3 STREET ADDRESS	2601 W Broward Blvd	
5.4 CITY-ST-ZIP	Ft Lauderdale FL	
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: *[Signature]* 4/20/98 964-321-4100

CR2E037 (10/97)