


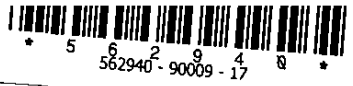
FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90012 020 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14694**

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



Principal Place of Business 2601 W. BROWARD BLVD. FT. LAUDERDALE FL 33311 US	Mailing Address 2601 W. BROWARD BLVD. FT LAUDERDALE FL 33311 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 05/01/1986	4. FEI Number 59-2681270	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		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 <b>MURRAY, MARK</b> 2601 W BROWARD BLVD FT LAUDERDALE FL 33311	10. Name and Address of New Registered Agent 81 Name <b>REUTHER, FAYE</b> 82 Street Address (P.O. Box Number is Not Acceptable) 2601 W. BROWARD BLVD. 83 84 City <b>FT. LAUDERDALE</b> <b>FL</b> 85 Zip Code <b>33311</b>
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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: *[Signature]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. <input type="checkbox"/> DELETE <b>TODD, DAVID</b> 7521 NW 16TH STREET #4104 PLANTATION FL 33313	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TODD, DAVID</b> 5741 S.W. 127 AVE FT. LAUDERDALE, FL. 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> DELETE <b>COLE, CLIFTON</b> 19320 NW 2ND STREET PEMBROKE PINES FL 33029	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>COLE, CLIFTON</b> 19320 N.W. 2 ST. PEMBROKE PINES, FL. 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> DELETE <b>RUDNICK, MICHAEL</b> 1600 NE 40TH COURT OAKLAND FL 33334	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KURILLA, JOHN</b> 6936 S.W. 39 ST. DAVIE, FL. 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> DELETE <b>TRITT, RITA</b> 6721 SW 17TH ST POMPANO BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRITT, RITA</b> 6721 S.W. 17 ST. POMPANO BEACH, FL. 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> DELETE <b>JENNE, KEN</b> 2601 W BROWARD BLVD. FT LAUDERDALE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE <b>MURRAY, MARK</b> 2601 W. BROWARD BLD. FT LAUDERDALE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>REUTHER, FAYE</b> 2601 W. BROWARD BLVD. FT. LAUDERDALE, FL. 33311

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/1/99 Date Daytime Phone #

CR2E037 (11/98)