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Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N26599

1. Corporation Name
FLORIDA LAW ENFORCEMENT PROPERTY RECOVERY UNIT, INC.
 P.O. BOX 17511
 TAMPA, FL 33682-7511

Principal Place of Business Mailing Address
 P.O. BOX 17511
 TAMPA, FL 33682-7511

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **05/24/1988** 3a. Date of Last Report **04/17/1996**

4. FEI Number **59-2888218** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1 Name **WILLIAM H. STREATOR**

B2 Street Address (P.O. Box Number is Not Acceptable) **14102 NORTH 20th ST**

B3 **c/o HCSO DI**

B4 City **TAMPA, FL** B5 Zip Code **33613**

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 **William H. Streator** DATE **5/30/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | P/D | <input type="checkbox"/> DELETE |
| NAME | JERRY VERMETTE | |
| STREET ADDRESS | 2008 E. 8th AVE | |
| CITY-ST-ZIP | TAMPA, FL 33605 | |
| TITLE | V/D | <input checked="" type="checkbox"/> DELETE |
| NAME | MICHAEL RAUFORD | |
| STREET ADDRESS | 234 E. 7th ST | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 | |
| TITLE | S/D | <input type="checkbox"/> DELETE |
| NAME | SANDRA SETON | |
| STREET ADDRESS | 2400 WEST 33RD ST | |
| CITY-ST-ZIP | ORLANDO, FL 32839 | |
| TITLE | T/D | <input type="checkbox"/> DELETE |
| NAME | WILLIAM H. STREATOR | |
| STREET ADDRESS | 2008 E. 8th AVE | |
| CITY-ST-ZIP | TAMPA, FL 33605 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | N/A | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|------------------------------|--|
| 11 TITLE | N/A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | N/A | |
| 13 STREET ADDRESS | P.O. BOX 17511 | |
| 14 CITY-ST-ZIP | TAMPA, FL 33682-7511 | N/A |
| 21 TITLE | V/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | SCOTT FYFE | |
| 23 STREET ADDRESS | P.O. BOX 17511 | |
| 24 CITY-ST-ZIP | TAMPA, FL 33682-7511 | N/A |
| 31 TITLE | N/A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | N/A | |
| 33 STREET ADDRESS | P.O. BOX 17511 | |
| 34 CITY-ST-ZIP | TAMPA, FL 33682-7511 | N/A |
| 41 TITLE | N/A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | N/A | |
| 43 STREET ADDRESS | P.O. BOX 17511 | |
| 44 CITY-ST-ZIP | TAMPA, FL 33682-7511 | N/A |
| 51 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | 200002211282 | |
| 53 STREET ADDRESS | -06/13/97--01034--009 | |
| 54 CITY-ST-ZIP | ***70.00 | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do 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: **William H. Streator** DATE: **05/30/97** (813) 247-0644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)