


FILE NOW: FILING FEE IS \$61.25

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**Jan 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26599 (3)
1. Corporation Name

FLORIDA LAW ENFORCEMENT PROPERTY RECOVERY UNIT, INC.



Principal Place of Business P.O. BOX 17511 TAMPA FL 33682-7511	Mailing Address P.O. BOX 17511 TAMPA FL 33682-7511
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3. Date Incorporated or Qualified 05/24/1988
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4. FEI Number 59-2888218	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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City & State 23	City & State 28
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Zip 24	Country 25	Zip 29	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

9. Name and Address of Current Registered Agent

STREATOR, WILLIAM H
14102 N. 20TH ST.
S/O HCSO DI
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *William H Streator* (WILLIAM H-STREATOR) DATE: *01/06/98*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VERMETTE, JERRY	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FYFE, SCOTT	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SETON, SANDRA	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STREATOR, WILLIAM H	
STREET ADDRESS	PO BOX 17511 NA	
CITY-ST-ZIP	TAMPA FL 33682-7511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *William H Streator* TO *01/06/98* (813) 247-0644

CR2E037 (10/97)