

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # N36226 (1)  
1. Corporation Name  
POLICE OFFICER ASSISTANCE TRUST, INC.

Principal Place of Business Mailing Address

10680 NORTHWEST 25 STREET SUITE 207 MIAMI FL 33172 US  
7921 NORTHWEST SOUTH RIVER DRIVE SUITE 315 MEDLEY FL 33166-2515 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

APPROVED AND FILED  
95 FEB 10 PH 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800001404818  
-02/14/95--01001--016  
\*\*\*\*130.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/23/1990 3a. Date of Last Report 08/09/1994  
4. FEI Number 65-0164129 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
FALK, GLENN  
113 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name Glenn Falk  
82 Street Address (P.O. Box Number is Not Acceptable) 113 Almeria Avenue  
83  
84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TAYLOR, FRED
STREET ADDRESS	9105 NW 25 ST
CITY-ST-ZIP	MIAMI FL
TITLE	DV
NAME	JURIGA, LARRY
STREET ADDRESS	13130 NORTHEAST 8 AVENUE
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	DS
NAME	IVY, CURT
STREET ADDRESS	4 SOUTH KROME AVENUE
CITY-ST-ZIP	HOMESTEAD FL
TITLE	DT
NAME	ARNOLD, G. T.
STREET ADDRESS	9105 N.W. 25 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 assignee thereof; and that I am 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: (305) 471-2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FRED TAYLOR, PRESIDENT