

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N36226** (1)

1. Corporation Name
POLICE OFFICER ASSISTANCE TRUST, INC.



Principal Place of Business: 10680 NORTHWEST 25 STREET, SUITE 207, MIAMI FL 33172 US
Mailing Address: 7921 NORTHWEST SOUTH RIVER DRIVE, SUITE 315, MEDLEY FL 33166-2515 US

3. Date Incorporated or Qualified: 01/23/1990
3a. Date of Last Report: 02/10/1995
4. FEI Number: 65-0164129
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

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 (81-85)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP TAYLOR, FRED <input checked="" type="checkbox"/> DELETE	11 TITLE	DP FRANK BONI, CHIEF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, FRED	12 NAME	FRANK BONI, CHIEF
STREET ADDRESS	9105 NW 25 ST	13 STREET ADDRESS	9105 N.W. 25 STREET, SUITE 3072
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	DV JURIGA, LARRY <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURIGA, LARRY	22 NAME	
STREET ADDRESS	13130 NORTHEAST 8 AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	24 CITY-ST-ZIP	
TITLE	DS IVY, CURT <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVY, CURT	32 NAME	
STREET ADDRESS	4 SOUTH KROME AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	DT ARNOLD, G. T. <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, G. T.	42 NAME	
STREET ADDRESS	9105 N.W. 25 STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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 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]* DATE: 4/30/96

CR2E037 (12/95)