

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/23/1990		
4. FEI Number 65-0164129	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. 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. Name Jim Roosevelt	
82. Street Address (P.O. Box Number is Not Acceptable) 9601 NW 58 Street	
83. City Miami	
84. State FL	85. Zip Code 33178

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: *Jim Roosevelt, Treasurer* DATE: **2/18/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANK BONI, CHIEF	
STREET ADDRESS	9105 N.W. 25 STREET, SUITE 3072	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	JURIGA, LARRY	
STREET ADDRESS	13130 NORTHEAST 8 AVENUE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	IVY, CURT	
STREET ADDRESS	4 SOUTH KROME AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, G. T.	
STREET ADDRESS	9105 N.W. 25 STREET	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Addition
2.2 NAME	Noel Rojas
2.3 STREET ADDRESS	400 NW 2 Avenue
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jim Loftus
3.3 STREET ADDRESS	9105 NW 25 Street
3.4 CITY-ST-ZIP	Miami, FL 33172
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jim Roosevelt
4.3 STREET ADDRESS	9601 NW 58 Street
4.4 CITY-ST-ZIP	Miami, FL 33178
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: *Jim Roosevelt* DATE: **1/29/98** **305 715-5216**

CR2E037 (10/97)