


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90240 014 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36226**

1. Corporation Name  
**POLICE OFFICER ASSISTANCE TRUST, INC.**

Principal Place of Business 10600 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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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/23/1990
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0164129
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  <b>ROSSEVELT, JIM</b> <b>9601 NW 58 ST</b> <b>MIAMI FL 33178</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
FL 85 Zip Code	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK BONI, CHIEF	1.2 NAME	
STREET ADDRESS	9105 N.W. 25 STREET, SUITE 3072	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, NOEL	2.2 NAME	
STREET ADDRESS	400 NW 2 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFTUS, JIM	3.2 NAME	
STREET ADDRESS	9105 NW 25 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOSEVELT, JIM	4.2 NAME	
STREET ADDRESS	9601 NW 58 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE RE JIM ROSSEVELT 3-2-99 305-715-5010

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

CR2E037 (11/98)