


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Wortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003193 (8)
1. Corporation Name
CITRUS COUNTY SHERIFFS POSSE, INC.



Principal Place of Business ONE SOUTH PARK AVE INVERNESS FL 34450	Mailing Address ONE SOUTH PARK AVE INVERNESS FL 34450-4968
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1995	3a. Date of Last Report 03/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0605059		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMMONS, CHARLES ONE SOUTH PARK AVE INVERNESS FL 34450				81. Name	VITT, STEVEN		
				82. Street Address (P.O. Box Number is Not Acceptable)	ONE SOUTH PARK AVE		
				83.			
				84. City	INVERNESS	85. Zip Code	FL 34450

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 of 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 *Steven J. Vitt* **STEVEN J. VITT** 02-25-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, CHARLES	1.2 NAME	VITT, STEVEN
STREET ADDRESS	ONE SOUTH PARK AVE	1.3 STREET ADDRESS	ONE SOUTH PARK AVE
CITY-ST-ZIP	INVERNESS FL 34450	1.4 CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VITT, STEVEN	2.2 NAME	WHITTON, CARL
STREET ADDRESS	ONE SOUTH PARK AVE	2.3 STREET ADDRESS	ONE SOUTH PARK AVE.
CITY-ST-ZIP	INVERNESS FL 34450	2.4 CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	S/b <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAIO, ELENA	3.2 NAME	
STREET ADDRESS	ONE SOUTH PARK AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEMENTS, DENIESE	4.2 NAME	WEST, JEAN
STREET ADDRESS	ONE SOUTH PARK AVE	4.3 STREET ADDRESS	ONE SOUTH PARK AVE.
CITY-ST-ZIP	INVERNESS FL 34450	4.4 CITY-ST-ZIP	INVERNESS, FL. 34450
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 do 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.

CR2E037 (9/96)