

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N97000003256  
 1. Corporation Name  
**Law Enforcement Emerald Society of South Florida, Inc.**

Principal Place of Business <b>10031 N.W. 37 Terrace</b> <b>Miami, Florida 33172</b>	Mailing Address (incorrectly typed should be "27" original A.I. has "37" and has been telephonically corrected to "27" Terrace.) <b>10031 N.W. 27 Terrace</b>
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21. Principal Place of Business	22. Mailing Address
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

3. Date Incorporated or Qualified <b>June 4, 1997</b>	4. FEI Number <b>65-0773129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No <b>N/A</b>		

**9. Name and Address of Current Registered Agent**

**Sean Hayes**  
**10031 N.W. 27 Terrace**  
**Miami, Florida 33172**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 *Sean Hayes* (Error on address-correct is "27" Terrace not "37")  
 Signature typed or printed name of the current agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <input checked="" type="checkbox"/>	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Thomas Linehan</b>	
STREET ADDRESS	<b>12000 SW 108 St. Miami, Fl. 33186</b>	
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/>	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Michael McDermott</b>	
STREET ADDRESS	<b>7935 SW 97 Pl., Miami, Fl. 33156</b>	
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/>	<b>Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Sean Hayes</b>	
STREET ADDRESS	<b>10031 NW 27 Terrace, Miami, Fl 33172</b>	
CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/>	<b>Legal Counsel</b>	<input type="checkbox"/> DELETE
NAME	<b>William L. Athas</b>	
STREET ADDRESS	<b>10511 NW 8 St. Pembroke Pines, Fl</b>	
CITY-ST-ZIP	<b>33026</b>	
TITLE <input checked="" type="checkbox"/>	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>John McCann</b>	
STREET ADDRESS	<b>5200 SW 114 Way, Ft. Lauderdale, Fl</b>	
CITY-ST-ZIP	<b>33330</b>	
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 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	

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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: *William L. Athas* 02/23/98 (305) 590-4930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)