

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90144 001 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000003256**

1. Corporation Name

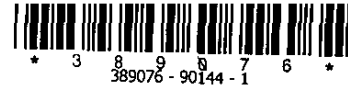
**LAW ENFORCEMENT EMERALD SOCIETY OF SOUTH FLORIDA, INC.**

Principal Place of Business

10031 N.W. 27TH TERRACE  
 MIAMI FL 33172

Mailing Address

10031 N.W. 27TH TERRACE  
 MIAMI FL 33172



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/04/1997

4. FEI Number

65-0773129

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HAYES, SEAN  
 10031 N.W. 27 TERRACE  
 MIAMI FL 33172

10. Name and Address of New Registered Agent

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 617.150A, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LINEHAN, THOMAS	
STREET ADDRESS	12000 SW 108 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, MICHAEL	
STREET ADDRESS	7935 SW 97 PL	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAYES, SEAN	
STREET ADDRESS	10031 NW 27 TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ATHAS, WILLIAM L	
STREET ADDRESS	10511 NW 8 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MCCANN, JOHN	
STREET ADDRESS	5200 SW 114 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARTHUR E. HILL	
1.3 STREET ADDRESS	3698 N. University Drive	
1.4 CITY-ST-ZIP	Coral Springs, FL 33065	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAYES, SEAN	
3.3 STREET ADDRESS	10031 NW 27th Terrace	
3.4 CITY-ST-ZIP	Miami, FL 33172	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HICKEY, MAUREEN D.	
4.3 STREET ADDRESS	4940 SW 87th Court	
4.4 CITY-ST-ZIP	Miami, FL 33165	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EATON, BRENT	
5.3 STREET ADDRESS	11501 NW 26th Street	
5.4 CITY-ST-ZIP	Plantation, FL 33323	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HARRINGTON, DONALD F., Sr.	
6.3 STREET ADDRESS	1517 Delgado Avenue	
6.4 CITY-ST-ZIP	Coral Gables, FL 33146	

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: *William L Athas* **WILLIAM L. ATHAS**

3/2/99 305-590-4930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)