

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 733323 (0)

1. Corporation Name

CITIZENS' CRIME WATCH, INC.

Principal Place of Business

Mailing Address

1515 N. W. 79TH AVENUE
MIAMI FL 33126

1515 N. W. 79TH AVENUE
MIAMI FL 33126

3. Date Incorporated or Qualified

07/10/1975

4. FEI Number

59-1629766

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ELLEN
1515 NW 79 AVENUE
MIAMI FL 33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME JOHNSON, ELLEN
STREET ADDRESS 1515 N. W. 79TH AVENUE
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME TAYLOR, FRED
STREET ADDRESS 9105 NW 25 ST
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME VP/Treasurer
2.3 STREET ADDRESS Irving Heller
2.4 CITY-ST-ZIP 9105 N.W. 25th Street MDPD
Miami, Florida 33172

TITLE I ☒ DELETE
NAME IRVING HELLER
STREET ADDRESS 9105 N.W. 25TH ST MDPD
CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME VP/Secretary
3.3 STREET ADDRESS Laura Weiss
3.4 CITY-ST-ZIP 5765 N.W. 158th Street
Miami, Florida 33014

TITLE V ☒ DELETE
NAME VINCE SCHAFMEISTER JR
STREET ADDRESS 1100 N.W. 95TH ST
CITY-ST-ZIP MIAMI FL 33150

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME VP
4.3 STREET ADDRESS Carlos Alvarez
4.4 CITY-ST-ZIP 9105 N.W. 25th Street MDPD
Miami, FL 33172

TITLE S ☐ DELETE
NAME WEISS, LAURA
STREET ADDRESS 5765 NW 158 ST
CITY-ST-ZIP MIAMI LAKES FL 33014

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME VP
5.3 STREET ADDRESS Samuel Harte
5.4 CITY-ST-ZIP P.O. BOX 561775
Miami, FL 33256-1775

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Ellen Johnson

ELLEN JOHNSON

1/7/98 3054701670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

CR2E037 (4-98)