

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738758 (2)

1. Corporation Name

BROWARD COUNTY CRIME COMMISSION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/20/1977	3a. Date of Last Report 01/31/1994
4. FEI Number 59-2412293	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	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
HOLLYWOOD FL 33022	PO Box 22-2065 HOLLYWOOD FL 33022
Country	Country
USA	USA

9. Name and Address of Current Registered Agent

**WEINS, JACK F.
2021 TYLER ST.
P. O. BOX 229010
HOLLYWOOD FL 33022**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	PINTER, FRANKLIN J. 2101 N 14TH TERRACE HOLLYWOOD FL	1.1 TITLE DT	PINTER, Franklin J. 2124 N. 14 Court Hollywood, FL 33020-2519
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE D	HINES, ALBIN 1051 BUCHANAN ST HOLLYWOOD, FL 00000	2.1 TITLE P	ROSS, Dorothy 35 Cactus Avenue Hallandale, FL 33009
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	KARACHALIOS, THEODORE 2414 N FEDERAL HWY HOLLYWOOD FL	3.1 TITLE DELETE: HINES, Albin	1051 Buchanan St. Hollywood, FL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE P	HILL, JAMES 811 SW 72 AVE PEMBROKE PINES FL	4.1 TITLE D	HILL, James 811 SW 72 Ave Pembroke Pines, FL 33023
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE C	PINTER, FRANK R 2124 N. 14 COURT HOLLYWOOD, FL 00000	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	SUPERFINE, I.J. 5001 GRANT STREET HOLLYWOOD, FL 00000	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By: *Frank R. Pinter*

4/17/95

305-922-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Frank R. Pinter, Chairman