

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED

97 JUL -8 AM 9: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **738758**

1. Corporation Name

**BROWARD COUNTY CRIME COMMISSION, INC.,**

Principal Place of Business

**P. O. Box 222065  
Hollywood, FL 33022**

Mailing Address

**P. O. Box 222065  
Hollywood, FL 33022**

3. Date Incorporated or Qualified

**04/20/1977**

3a. Date of Last Report

**05/01/96**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

**59-2412293**

Applied For

Not Applicable

5. Certificate of Status Desired

**XX**

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

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 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

TITLE **DT** ☐ DELETE  
NAME **PINTER, Franklin J.**  
STREET ADDRESS **2124 N. 14 Ct., Hollywood, FL**  
CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **SHASEK, Edward**  
STREET ADDRESS **1000 E. Hallandale Blvd.**  
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **D** ☐ DELETE  
NAME **KARACHALIOS, Theodore**  
STREET ADDRESS **2414 N. Federal Hwy.**  
CITY-ST-ZIP **Hollywood, FL**

TITLE **D** ☐ DELETE  
NAME **HILL, James**  
STREET ADDRESS **10613 NW 11 St., Bldg#4, Apt#205**  
CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **C** ☐ DELETE  
NAME **PINTER, Frank R.**  
STREET ADDRESS **2124 N. 14 Ct.**  
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **D** ☐ DELETE  
NAME **SUPERFINE, I. J.**  
STREET ADDRESS **5001 Grant St., Hollywood, FL**  
CITY-ST-ZIP **33021**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frank R. Pinter, Chairman**

7-1-97

Date

954-922-2600

Daytime Phone #

CR2E037 (9/96)