


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 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 # 738758 (2) 1. Corporation Name BROWARD COUNTY CRIME COMMISSION, INC.					
Principal Place of Business P O BOX 222065 HOLLYWOOD FL 33022			Mailing Address P O BOX 22-2065 HOLLYWOOD FL 33022 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33022-2065		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33022-2065		3. Date Incorporated or Qualified 04/20/1977 4. FEI Number 59-2412293 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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	
9. Name and Address of Current Registered Agent WEINS, JACK F. 2021 TYLER ST. 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 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINTER, FRANKLIN J.		1.2 NAME		
STREET ADDRESS	2124 N 14 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHASEK, EDWARD		2.2 NAME		
STREET ADDRESS	1000 E. HALLANDALE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARACHALIOS, THEODORE		3.2 NAME		
STREET ADDRESS	2414 N FEDERAL HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, JAMES		4.2 NAME		
STREET ADDRESS	10613 N.W. 11 STREET, BLDG. 4, APT. 205		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		4.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINTER, FRANK R		5.2 NAME		
STREET ADDRESS	2124 N. 14 COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUPERFINE, I.J.		6.2 NAME		
STREET ADDRESS	5001 GRANT STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		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: By: FRANK R. PINTER
BROWARD COUNTY CRIME COMMISSION, INC.

Jan. 7, 1998

CR2E037 (10/97)