


FILE NOW: FILING FEE IS \$61.25

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

02-22-1999 90114 028 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 738758</b>					
1. Corporation Name <b>BROWARD COUNTY CRIME COMMISSION, INC.</b>					
Principal Place of Business P O BOX 222065 HOLLYWOOD FL 33022-065 US			Mailing Address P O BOX 22-2065 HOLLYWOOD FL 33022-065 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>33022-2065</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>33022-2065</b>		3. Date Incorporated or Qualified <b>04/20/1977</b>	
				4. FEI Number <b>59-2412293</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>WEINS, JACK F. 2021 TYLER ST. HOLLYWOOD FL 33022</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	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 checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHASEK, EDWARD			2.2 NAME	Arthur Santucci		
STREET ADDRESS	1000 E. HALLANDALE BLVD.			2.3 STREET ADDRESS	767 Villa Portofino Circle		
CITY-ST-ZIP	HALLANDALE FL 33009			2.4 CITY-ST-ZIP	Deerfield Bch, FL 33442		
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, with all other like empowered.

SIGNATURE:

**Frank R. Pinter** 1-8-99 954-922-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)