

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **751569** (5)

1. Corporation Name
NORTH MIAMI BEACH CRIME WATCH, INC.



Principal Place of Business
**CMDR
C/O DETECTIVE GRAHAM, ALAN
17050 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162-3112
US**

Mailing Address
**CMDR
C/O DETECTIVE GRAHAM, ALAN
17050 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162-3112
US**

3. Date Incorporated or Qualified **03/17/1980** 3a. Date of Last Report **02/13/1995**

4. FEI Number **59-2013576** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent

**GRAHAM, ALAN
17050 NE 19 TH AVE.
N MIAMI BCH FL 33162**

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 *Alan Graham PD* DATE **2/7/96**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRAHAM, ALAN	
STREET ADDRESS	17050 NE 19 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REIBMAN, BETTY	
STREET ADDRESS	1860 NE 177 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, JACK	
STREET ADDRESS	17050 N.E. 19TH AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KATERMAN, KATHY	
STREET ADDRESS	17050 NE 19TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD Kathy Katerman
2.3 STREET ADDRESS	17050 NE 19th Avenue
2.4 CITY-ST-ZIP	North Miami Bch, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Venetia Coffey
3.3 STREET ADDRESS	17050 NE 19th Avenue
3.4 CITY-ST-ZIP	North Miami Bch, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD Cora Mann
4.3 STREET ADDRESS	17050 NE 19 Avenue
4.4 CITY-ST-ZIP	NORTH MIAMI Bch, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 register 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: *Alan Graham* DATE: **2/7/96** (305) 948-2940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)