

FILE NOW: FILING FEE IS \$61.25

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Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90008 040 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751569

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

Principal Place of Business 16901 NORTHEAST 19TH AVE NORTH MIAMI BEACH FL 33162-3112 US	Mailing Address 16901 NORTHEAST 19TH AVE NORTH MIAMI BEACH FL 33162-3112 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/17/1980
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2013576
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent GRAHAM, ALAN 16901 NE 19TH AVE N MIAMI BCH FL 33162	10. Name and Address of New Registered Agent 81 Name Tom Carney 82 Street Address (P.O. Box Number is Not Acceptable) 16901 NE 19th Av. 83 84 City North Miami Beach FL 85 Zip Code 33162
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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: *Thomas Carney* DATE: 6-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRAHAM, ALAN 16901 NE 19 AVE N MIAMI BCH FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Tom Carney
STREET ADDRESS		1.3 STREET ADDRESS	16901 NE 19 Av.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	N. Miami Beach FL
TITLE	SD REYES, NELSON 16901 NE 19 AVE N MIAMI BCH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD GENOVA, LAURA 16501 NE 19 AVE NORTH MIAMI BEACH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD MARION, MARCIA 16901 NE 19 AVE NORTH MIAMI BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas Carney* DATE: 6-3-99 DAYTIME PHONE #: 305-948-2955

CR2E037 (11/98)