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Apr 22, 1999 8:00 am
Secretary of State

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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 # 758056

1. Corporation Name

BROWARD COUNTY LAW ENFORCEMENT OFFICERS ORGANIZATION, INC.

Principal Place of Business
617 N.W. 21ST STREET
POMPANO BEACH FL 33060

Mailing Address
617 N.W. 21ST STREET
POMPANO BEACH FL 33060



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/31/1981 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

BROWN, DIANA
211 LAKE POINTE DRIVE #112
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 17477 88 Road North
84 City Loxahatchee FL 85 Zip Code 33470

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DIANA	1.2 NAME	
STREET ADDRESS	9620 NW 42ND CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTRELL, JOHN	2.2 NAME	
STREET ADDRESS	201 NW 32ND CT., #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, SHIRLEY	3.2 NAME	
STREET ADDRESS	617 N.W. 21ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLING, DARRYL	4.2 NAME	
STREET ADDRESS	361 NW 18 COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCHIE, JERRY	5.2 NAME	
STREET ADDRESS	1748 NW 3RD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: Diana Brown SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

954-786-4214

Daytime Phone #

CR2E037 (11/98)