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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759901 (2)
 1. Corporation Name
JUPITER CRIME WATCH, INC.



Principal Place of Business 210 MILITARY TRAIL JUPITER FL 33458	Mailing Address 210 MILITARY TRAIL JUPITER FL 33458
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3. Date Incorporated or Qualified 09/02/1981
4. FEI Number 59-6033967
Applied For <input type="checkbox"/>
Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
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

THEEL, KIMBERLY
210 MILITARY TRAIL
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name **THOMPSON, KIMBERLY**

82 Street Address (P.O. Box Number is Not Acceptable)
210 MILITARY TRAIL

83

84 City **JUPITER** **FL** **85 Zip Code** **33458**

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] DATE **01-08-98**

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WESTGATE, RICHARD	
STREET ADDRESS	210 MILITARY TRAIL	
CITY-ST-ZIP	JUPITER, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOLZBAUR, RICHARD	
STREET ADDRESS	210 MILITARY TRAIL	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERMANSKI, STANLEY	
STREET ADDRESS	210 MILITARY TRAIL	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	THEEL, KIMBERLY	
STREET ADDRESS	210 MILITARY TRAIL	
CITY-ST-ZIP	JUPITER 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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	HERMANSKI, STANLEY		
2.3 STREET ADDRESS	210 MILITARY TRAIL		
2.4 CITY-ST-ZIP	JUPITER, FL 33458		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	HESS, FRANK		
3.3 STREET ADDRESS	210 MILITARY TRAIL		
3.4 CITY-ST-ZIP	JUPITER, FL 33458		
4.1 TITLE	MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	THOMPSON, KIMBERLY		
4.3 STREET ADDRESS	210 MILITARY TRAIL		
4.4 CITY-ST-ZIP	JUPITER, FL 33458		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: [Signature] **REQUIRE SIGNATURE KIMBERLY THOMPSON 01-08-98 (561) 746-6201**

CR2E037 (10/97)