

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761761 (6)
1. Corporation Name
DADE COUNTY ASSOCIATION OF CHIEFS' OF POLICE, IN C.



Principal Place of Business 400 NW 2ND AVENUE MIAMI FL 33128 US	Mailing Address 400 NW 2ND AVENUE MIAMI FL 33128 US
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3. Date Incorporated or Qualified 02/05/1982	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2335562		

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
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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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FALK (GLENN P.)
113 ALMERIA AVE
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	EACH, KENNETH 13130 NE 8TH AVE MIAMI FL	1.1 TITLE <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	BUTLER, JAMES H. 2801 SALZEDO ST CORAL GABLES FL	2.1 TITLE <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	WILLIAMSON, TERRILL 9293 HARDING AVENUE SURFSIDE FL	3.1 TITLE <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	WARSHAW, DONALD H 400 NW 2ND AVENUE MIAMI FL	4.1 TITLE <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME Jack Kippenberger	1.3 STREET ADDRESS 8375 NW 53 ST	1.4 CITY-ST-ZIP Miami, FL	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Carlos Alvarez	2.3 STREET ADDRESS 7105 NW 25 ST	2.4 CITY-ST-ZIP Miami, FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Richard Barreto	3.3 STREET ADDRESS 1100 Washington Ave	3.4 CITY-ST-ZIP Miami Beach, FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Warshaw, Donald H.	4.3 STREET ADDRESS 400 NW 2nd Ave	4.4 CITY-ST-ZIP MIAMI, FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/11/98 (305) 579-6619**
Date: _____ Daytime Phone # _____

CR2E037 (10/97)