


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90163 013 ****61.25

373196 - 90051 - 21

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 763386					
1. Corporation Name CRIME STOPPERS OF MIAMI-DADE COUNTY, INC.					
Principal Place of Business 9105 NW 25 ST., ROOM 1040 MIAMI FL 33172			Mailing Address 9105 NW 25 ST., ROOM 1040 MIAMI FL 33172		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 05/21/1982	
4. FEI Number 59-2214818		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution <input type="checkbox"/>			

9. Name and Address of Current Registered Agent SWAN, EDWARD P 2701 LEJEUNE ROAD SUITE 340, CITY NATIONAL BANK BUILDING 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

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	SULLIVAN, JACK	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULLIVAN, JACK			1.2 NAME	9105 NW 25 ST.		
STREET ADDRESS	9105 NW 25 ST, RM 1040			1.3 STREET ADDRESS	MIAMI, FL 33172		
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE-CHAIRMAN - D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANCO, BILL			2.2 NAME	EDWARD P. SWAN		
STREET ADDRESS	9105 NW 25 ST, RM 1040			2.3 STREET ADDRESS	2701 LEJEUNE ROAD, #340		
CITY-ST-ZIP	MIAMI FL 33172			2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VINA, GEORGE			3.2 NAME	VINA, George		
STREET ADDRESS	255 ALHAMBRA CIRCLE #715			3.3 STREET ADDRESS	255 ALHAMBRA CIRCLE SUITE 715		
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<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, unchanged, or on an addition with an address, with all other like entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

2/8/99 (305) 441-0070