

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -7 AM 11:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 769626 (3)

1. Corporation Name

CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

PO BOX 030338
P.O. BOX 030338 33303

PO BOX 030338
P.O. BOX 030338 33303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1983	3a. Date of Last Report 06/21/1994
4. FEI Number 59-2347556	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLENBY, JACK
6600 NE 21ST LANE
FT. LAUDERDALE FL 33308**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	
TITLE	SD
NAME	ULMAR, DENNIS
STREET ADDRESS	1007 NW 11TH PLACE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	PD
NAME	WALL, MARGARET
STREET ADDRESS	1505 NE 2ND AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	DAVIS, MARJORIE
STREET ADDRESS	1713 N.W. 5TH ST.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	ALLENBY, JACK
STREET ADDRESS	6600 N.E. 21 LN.
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	VD
NAME	GRIPPO, KENNETH
STREET ADDRESS	1712 N. VICTORIA PARK RD.
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 of Block 11 if changed, upon an attachment with an address.

SIGNATURE:

Jack Allenby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Secretary Treas &