

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **07/29/1983** 3a. Date of Last Report **04/07/1995**  
4. FEI Number **59-2347556** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**ALLENBY, JACK  
6600 NE 21ST LANE  
FT. LAUDERDALE FL 33308**

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 resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ULMAR, DENNIS	
STREET ADDRESS	1007 NW 11TH PLACE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALL, MARGARET	
STREET ADDRESS	1505 NE 2ND AVE.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, MARJORIE	
STREET ADDRESS	1713 N.W. 5TH ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLENBY, JACK	
STREET ADDRESS	6600 N.E. 21 LN.	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRIPPO, KENNETH	
STREET ADDRESS	1712 N. VICTORIA PARK RD.	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RAYMOND DETIMAN	
13 STREET ADDRESS	309 S.E. 22ND STREET	
14 CITY - ST - ZIP	FORT LAUDERDALE FLA 33316	
21 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CAL DEAL	
23 STREET ADDRESS	5721 NE 19th AVE	
24 CITY - ST - ZIP	FORT LAUDERDALE FLA 33308	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	LISA PISOT	
53 STREET ADDRESS		
54 CITY - ST - ZIP	FORT LAUDERDALE FLA	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(5)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *Jack Allenby* JACK ALLENBY TREASURER/D.O. 4/9/96 954-772-3025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REG AGENT Date Daytime Phone #

CR2E037 (12/95)