

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
P.O. BOX 030338 33303 P.O. BOX 030338 33303

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1983	3a. Date of Last Report 04/07/1995
21		26		4. FEI Number 59-2347556	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	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	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	S.D.
NAME	ULMAR, DENNIS	12 NAME	RAYMOND DETIMAN
STREET ADDRESS	1007 NW 11TH PLACE	13 STREET ADDRESS	309 S.E. 22ND STREET
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	FORT LAUDERDALE FLA 33316
TITLE	PD	21 TITLE	PD
NAME	WALL, MARGARET	22 NAME	CAL DEAL
STREET ADDRESS	1505 NE 2ND AVE.	23 STREET ADDRESS	5721 NE 19th AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	FORT LAUDERDALE FLA 33308
TITLE	D	31 TITLE	
NAME	DAVIS, MARJORIE	32 NAME	
STREET ADDRESS	1713 N.W. 5TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	
NAME	ALLENBY, JACK	42 NAME	
STREET ADDRESS	6600 N.E. 21 LN.	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	V/D
NAME	GRIPPO, KENNETH	52 NAME	LISA RISUT
STREET ADDRESS	1712 N. VICTORIA PARK RD.	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	FORT LAUDERDALE FLA
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.

SIGNATURE:

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

JACK ALLENBY TREASURER/D.O. 4/9/96 954-772-3025
REG AGENT Date Daytime Phone #

CR2E037 (12/95)