

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 769626 (3)
1. Corporation Name
CITIZEN'S CRIME ALERT OF FT. LAUDERDALE, INC.



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|---|---|
| Principal Place of Business PO BOX 030338 P.O. BOX 030338 33303 | Mailing Address PO BOX 030338 P.O. BOX 030338 33303 |
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|--|--|
| 3. Date Incorporated or Qualified 07/29/1983 | 3a. Date of Last Report 04/12/1996 |
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|---|--|
| 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 |
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|---|--|
| 4. FEI Number 59-2347556 | Applied For <input type="checkbox"/> 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**ALLENBY, JACK
6800 NE 21ST LANE
FT LAUDERDALE FL 33300**

10. Name and Address of New Registered Agent
81 Name **ALLENBY JACK**
82 Street Address (P.O. Box Numbers Not Acceptable) **3155 N PALM AVE DR**
83 **# 105**
84 City **POMPANO BEACH FL** 85 Zip Code **33069**

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 | | |
|----------------------------|----------------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DETTMAN, RAYMOND | |
| STREET ADDRESS | 309 SE 22ND STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DEAL, CAL | |
| STREET ADDRESS | 5721 NE 19TH 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 | 6800 N.E. 21 LN. | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PISCUT, LISA | |
| 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 | | |
|---|--|---|
| 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 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.

CR2E037 (9/96)