

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L81744 (9)
 1. Corporation Name: **POLICE REPORT PROCUREMENT, INC.**



Principal Place of Business 4941 NW 85 AVENUE SUNRISE FL 33351 US	Mailing Address 4941 NW 85TH AVENUE SUNRISE FL 33351-7702 US
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3. Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 02/26/1996
4. FEI Number 65-0202999	Applied For <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5442 NW 42nd Way Suite, Apt. #, etc.	2a. Mailing Address 26 5442 NW 42nd Way Suite, Apt. #, etc.
22 City & State 23 Coconut Creek Florida	27 City & State 28 Coconut Creek Florida
24 33073 25 Broward	29 33073 30 Broward

9. Name and Address of Current Registered Agent EDWARDS, ANGIE 4941 NW 95TH AVENUE SUNRISE FL 33351	10. Name and Address of New Registered Agent 81 Name Edwards, ANGIE 82 Street Address (P.O. Box Number is Not Acceptable) 5442 NW 42nd Way 83 84 City Coconut Creek FL 85 Zip Code 33073
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ANGIE	1.2 NAME	
STREET ADDRESS	4941 NW 95TH AVE.	1.3 STREET ADDRESS	5442 NW 42nd Way
CITY, ST, ZIP	SUNRISE FL	1.4 CITY, ST, ZIP	Coconut Creek, FL 33073
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, GARY	2.2 NAME	
STREET ADDRESS	825 HOSMER STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	MARINETTE WI	2.4 CITY, ST, ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD, ANGIE	3.2 NAME	
STREET ADDRESS	4941 NW 95TH AVENUE	3.3 STREET ADDRESS	5442 NW 42nd Way
CITY, ST, ZIP	SUNRISE FL	3.4 CITY, ST, ZIP	Coconut Creek, FL 33073
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAELNTIN, ALEX	4.2 NAME	
STREET ADDRESS	4941 NW 95TH AVE	4.3 STREET ADDRESS	5442 NW 42nd Way
CITY, ST, ZIP	SUNRISE FL	4.4 CITY, ST, ZIP	Coconut Creek, FL 33073
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Angie Edwards 1-7-97 954-725-6194
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)