**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $7.55 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:08

DOCUMENT # **N08093** **(9)**

1. Corporation Name
**PARTNERS IN CRIME-WATCH, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SUSAN JOHNSON Mary Stuart Mank c/o SUSAN JOHNSON 1457 Certosa Ave<br>~~7350 SW 47TH CT.~~ 1457 Certosa Ave 7350 SW 47TH CT.<br>~~MIAMI FL 33143~~ Coral Gables, MIAMI FL 33143 Coral Gables, FL<br>US FL 33146 US 33146 | Mary Stuart Mank |

3. Date Incorporated or Qualified: 03/11/1985
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2508504 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
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 ~~7350 SW 47 CT~~ c/o | 26 |
| 22 Miami | 27 |
| 23 | 28 |
| 24 Zip 33143 25 Country | 29 Zip 30 Country |

9. Name and Address of Current Registered Agent

JOHNSON, SUSAN
7350 S.W. 47TH CT.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: Mary Stuart Mank
82 Street Address (P.O. Box Number is Not Acceptable): 1457 Certosa Ave
83: Coral Gables
84 City: FL 85 Zip Code: 33146

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: Susan Johnson — DATE: 7/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | P<br>~~JOHNSON, SUSAN~~ Mary Stuart Mank<br>~~7950 S.W. 47TH CT.~~ 1457 Certosa Ave<br>~~MIAMI FL~~ Coral Gables, FL 33146 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☒ Change ☐ Addition<br>P<br>Mary Stuart Mank<br>1457 Certosa Ave<br>Coral Gables, FL 33146 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | V<br>MEAD, VIRGINIA<br>10255 SW 55TH AVE.<br>MIAMI FL | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | S<br>KRIDEL, MARGARET<br>66 N. PROSPECT DR.<br>CORAL GABLES FL | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | TD<br>LEWIS, GARLIN<br>6820 PALLAZZO<br>CORAL GABLES FL | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>BRODNAX, PEGGY<br>5860 S.W. 99TH TERR.<br>MIAMI FL | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>ROBBINS, BETSY<br>6205 SW 113TH ST.<br>MIAMI FL | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition |

CR2E037 (3/95)

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(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.

**SIGNATURE:** Susan Johnson — 7/17/95 — (305) 661-4921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000280