


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

01-28-1999 90004 045 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21559**  
 1. Corporation Name  
**FOREST OAKS CRIME WATCH INC.**

Principal Place of Business 8101 FOREST OAKS BLVD SPRING HILL FL 34606 US	Mailing Address PO BOX 6372 SPRING HILL FL 34606 US
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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 [ ]	3. Date Incorporated or Qualified 06/30/1987 4. FEI Number 59-2846653 Applied For [ ] Not Applicable [ ] 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent ROCCO, ROSE 8189 ENGLISH ELM CIRCLE SPRING HILL FL 34606	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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] (NOTE: Registered Agent signature required when reinstating) DATE 1-05-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, LUCINDA	1.2 NAME	
STREET ADDRESS	8405 CAMPHOR DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FOREST OAKS, SH, FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, ROSE	2.2 NAME	
STREET ADDRESS	8189 ENGLISH ELM CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL 34606	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETZ, SR, FREDERICK J	3.2 NAME	
STREET ADDRESS	8185 ENGLISH ELM CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUL, ELIZABETH	4.2 NAME	
STREET ADDRESS	8067 PHLATELIC DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, PETER	5.2 NAME	
STREET ADDRESS	8189 ENGLISH ELM CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADATO, EVERLY	6.2 NAME	
STREET ADDRESS	8189 PHILATELIE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HIL FL 34606	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED DATE 1-05-99 DAYTIME PHONE # 352-686-5783

CR2E037 (1/98)