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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N22871** **(0)**

1. Corporation Name

MINORITY LAW ENFORCEMENT COUNCIL, INC.

Principal Place of Business	Mailing Address
261 W. 16TH WAY P.O. BOX 9534 RIVIERA BEACH FL 33404	261 W. 16TH WAY P.O. BOX 9534 RIVIERA BEACH FL 33404

2. Principal Place of Business	2a. Mailing Address
21 1106 S. MANGONIA CIRCLE Suite, Apt. #, etc.	26 P.O. BOX 21652 Suite, Apt. #, etc.
22 City & State	27 City & State
23 W. PALM BEACH, FLA.	28 W. PALM BEACH, FL.
Zip / Country	Zip / Country
24 33401 / 25 PALM BCH.	29 33409 / 30 PALM BCH.

3. Date Incorporated or Qualified: **10/06/1987**

4. FEI Number: **65-0076140** — [ ] 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. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

WHITFIELD, V. LYNN
224 DATURA STREET
SUITE 918
WEST PALM BEACH FL 33401

10. **Name and Address of New Registered Agent**

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 Section 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: V. LYNN WHITFIELD — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	MORRISON, BEVERLY	
STREET ADDRESS	1106 S. MANGONIA	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	[ ] DELETE
NAME	BRAT, ALPHONSO	
STREET ADDRESS	4304 HEALTH CIR S	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	[ ] DELETE
NAME	NAPIER, CHARLEY B.	
STREET ADDRESS	2622 MONACO TERR	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E037 (10/97)

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 financial 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: [illegible] Beverly Morrison Vice President 10/8/98