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NONPROFIT CORPORATION ANNUAL REPORT 1999

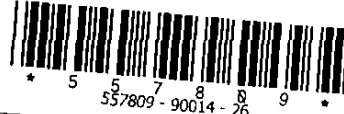
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26360

1. Corporation Name
TREASURE COAST CRIME PREVENTION INCORPORATED

Principal Place of Business
 830 M.L.K. JR. BLVD.
 STUART FL 34994
 US

Mailing Address
 830 M.L.K. JR. BLVD.
 STUART FL 34994
 US



2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 25 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
05/10/1988

4. FEI Number
65-0192371

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
BUCHANAN, HEATHER
830 M.L.K. JR. BLVD.
STUART FL 34994

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 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 agree to file with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Heather Buchanan (Buchanan) DATE 1-22-99

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P Shapiro, David
NAME	SHAPIRO, DAVID	1.2 NAME	1055 20th Street
STREET ADDRESS	1055 20TH STREET	1.3 STREET ADDRESS	VERO BEACH, FL 32900
CITY-ST-ZIP	VERO BEACH FL 32960	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Janelle Vakuben
NAME	JACOBSON, MARTIN	2.2 NAME	121 SW PSL BLVD
STREET ADDRESS	830 M.L.K. JR. BLVD.	2.3 STREET ADDRESS	P.S.C. # 34983
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	BUCHANAN, HEATHER
NAME	BUCHANAN, HEATHER H.	3.2 NAME	830 M.L.K. JR. BLVD
STREET ADDRESS	830 M.L.K. JR. BLVD.	3.3 STREET ADDRESS	STUART, FL 34994
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Mel Barbre
NAME	OUDEHOEFFER, JAYLEE	4.2 NAME	830 M.L.K. JR. Blvd
STREET ADDRESS	830 M.L.K. JR. BLVD.	4.3 STREET ADDRESS	STUART, FL 34994
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Heather Buchanan (Buchanan) DATE 1-22-99 (561) 220-3240

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (1/98)