

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N26577 (9)
1. Corporation Name
DEA SPECIAL AGENTS SURVIVORS BENEFIT FUND, INC.

Principal Place of Business Mailing Address
15890 SHADOW RUN CT 12730 NEW BRITTANY BLVD.
FT. MYERS FL 33907 SUITE 501
US FT. MYERS FL 33907



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1988 3a. Date of Last Report 10/21/1996

4. FEI Number 65-0071353 Applied For Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address
21 8400 N.W. 53RD ST. 26 15890 SHADOW RUN CT.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 MIAMI FLA 28 FT. MYERS FLA.
Zip Country Zip Country
24 33166 25 USA 29 33912 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, RICHARD K.
12730 NEW BRITTANY BLVD., SUITE 501
STE 301
FT. MYERS FL 33907

81 Name CRAWFORD, RICHARD K.
82 Street Address (P.O. Box Number is Not Acceptable) 15890 SHADOW RUN CT.
83
84 City FT. MYERS FL 85 Zip Code 33912

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 *Richard K. Crawford* DATE 9/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, RICHARD	1.2 NAME	COSTANZO, JOHN
STREET ADDRESS	15890 SHADOW RUN CT.	1.3 STREET ADDRESS	8400 N.W. 53 RD ST.
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES D	2.2 NAME	
STREET ADDRESS	6000 BROADWAY, SUITE 104	2.3 STREET ADDRESS	
CITY-ST-ZIP	GALVESTON TX 77551	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	CAREY, GERARD F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, GERARD F	3.2 NAME	13568 TABSCOT DR DELETION
STREET ADDRESS	13568 TABSCOT DRIVE	3.3 STREET ADDRESS	CHANTILLY VA. 22021 ERROR
CITY-ST-ZIP	CHANTILLY VA 22021	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHTCAP, IRVIN	4.2 NAME	000002332380-- 1
STREET ADDRESS	575 N. PENNSYLVANIA AVE. ROOM 290	4.3 STREET ADDRESS	-10/29/97--01054--008
CITY-ST-ZIP	INDIANAPOLIS IN 46204	4.4 CITY-ST-ZIP	*****61.25 *****61.25
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard K. Crawford* DATE: 9/15/97

APPROVED
AND
FILED

1997 OCT 23 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (4/97)