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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26577** (9)

1. Corporation Name

**DEA SPECIAL AGENTS SURVIVORS BENEFIT FUND, INC.**

Principal Place of Business

**8400 NW 53RD ST  
MIAMI FL 33166  
US**

Mailing Address

**15890 SHADOWRUN CT  
FT. MYERS FL 33912**



3. Date Incorporated or Qualified

**05/24/1988**

4. FEI Number

**65-0071353**

Applied For

Not Applicable

2. Principal Place of Business

**21 9737 N.W. 41st ST.**

2a. Mailing Address

**26 9737 N.W. 41st ST.**

Suite, Apt. #, etc

**22 SUITE 137**

Suite, Apt. #, etc.

**27 SUITE 137**

City & State

**23 MIAMI FL.**

City & State

**28 MIAMI FL.**

Zip

**24 33178**

Country

**25 USA**

Zip

**29 33178**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**CRAWFORD, RICHARD K  
15890 SHADOW RUN CT.  
FT. MYERS FL 33912**

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 am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE

*Richard K Crawford* 4/13/98

Signature, typed or printed name, title, and address of the registered agent, and the date of the signature.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **0 CRAWFORD, RICHARD**  
STREET ADDRESS **15890 SHADOW RUN CT.**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME **0 COSTANZO, JOHN**  
STREET ADDRESS **8400 NW 53RD ST**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ DELETE

NAME **0 CAREY, GERARD F**  
STREET ADDRESS **13568 TABSCOT DRIVE**  
CITY-ST-ZIP **CHANTILLY VA 22021**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*Richard K Crawford* 4/13/98 (941) 481-6804

CP2E037 (10/97)