

FILE NOW: FILING FEE IS \$61.25

FILED

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 <b>8400 NW 53RD ST MIAMI FL 33166 US</b>	Mailing Address <b>15890 SHADOWRUN CT FT. MYERS FL 33912</b>
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3. Date Incorporated or Qualified <b>05/24/1988</b>	
4. FEI Number <b>65-0071353</b>	Applied For <input type="checkbox"/> 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>9737 N.W. 41<sup>ST</sup></b>	2a. Mailing Address 26 <b>9737 N.W. 41<sup>ST</sup></b>
Suite, Apt. #, etc. 22 <b>SUITE 137</b>	Suite, Apt. #, etc. 27 <b>SUITE 137</b>
City & State 23 <b>MIAMI FL.</b>	City & State 28 <b>MIAMI FL.</b>
Zip 24 <b>33178</b>	Country 25 <b>USA</b>
Zip 29 <b>33178</b>	Country 30 <b>USA</b>

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	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 617.0504, Florida Statutes.

SIGNATURE: *Richard K Crawford* DATE: **4/13/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>0</b> <input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, RICHARD</b>
STREET ADDRESS	<b>15890 SHADOW RUN CT.</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>0</b> <input type="checkbox"/> DELETE
NAME	<b>COSTANZO, JOHN</b>
STREET ADDRESS	<b>8400 NW 53RD ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>0</b> <input type="checkbox"/> DELETE
NAME	<b>CAREY, GERARD F</b>
STREET ADDRESS	<b>13568 TABSCOT DRIVE</b>
CITY-ST-ZIP	<b>CHANTILLY VA 22021</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* *Richard K Crawford* 4/13/98 (941) 481-6804

CP2E037 (10/97)