FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:19

DOCUMENT # N93000002078 (4)

1. Corporation Name

CONSOLIDATED LAW ENFORCEMENT OFFICERS, FRATERNAL ORDER OF POLICE, LODGE 21, INC.

Principal Place of Business	Mailing Address
4300 N. UNIVERSITY DR. SUITE F-201 LAUDERHILL FL	P.O. BOX 1403 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0414931 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLAUSNER, ROBERT D 6565 TAFT ST. HOLLYWOOD FL 33024	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOSCA, MARY JO	1.2 NAME	
STREET ADDRESS	4300 N. UNIVERSITY DR., SUITE F-201	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33351	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PAYTON, AL	2.2 NAME	
STREET ADDRESS	4300 N. UNIVERSITY DR., SUITE F-201	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33351	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	TRAWICK, DIONE	3.2 NAME	SD Selm, Marabeth
STREET ADDRESS	4300 N. UNIVERSITY DR., SUITE F-201	3.3 STREET ADDRESS	2104 Cypress Bend Dr. #410
CITY-ST-ZIP	LAUDERHILL FL 33351	3.4 CITY-ST-ZIP	Pompano Beach, Fla. 33069
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition
NAME	FREDETTE, JEANNE	4.2 NAME	
STREET ADDRESS	4300 N. UNIVERSITY DR., SUITE F-201	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33351	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	REWRITTEN BY MAY 1
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 is voluntarily furnished and 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: Mary Mosca 4/28/95 (305) 791-9762
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0000531