

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 AM 10:08

DOCUMENT # N94000004504 (6)

1. Corporation Name

CRIME PREVENTION THRU SPORTS INC.

Principal Place of Business

Mailing Address

635 N.E. 52ND STREET
MIAMI FL 33137

635 N.E. 52ND STREET
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1994

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIGGS, CRYSTAL
635 N.E. 52ND STREET
MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
GRIGGS, CARMEN C
635 N.E. 52ND STREET
MIAMI FL 33137

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

~~BERNARD LACK~~
~~9225 COLLINS AVENUE SUITE 60A~~
~~SURFSIDE FL 33154~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCD
ROSAS, RALPH
325 MADEIRA AVENUE
CORAL GABLES FL 33134

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

~~BERNARD LACK~~
~~9225 COLLINS AVE. SUITE 60A~~
~~SURFSIDE FLORIDA 33154~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
GRIGGS, CRYSTAL
635 N.E. 52ND STREET
MIAMI FL 33137

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

REMITTED BY MAY 1

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carmen C. Griggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

305-751-2091
CLERK'S FEE