

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000004743 (0)**

1. Corporation Name

LAW ENFORCEMENT CONFERENCES, INC.



Principal Place of Business

Mailing Address

9105 NW 25 ST
MIAMI FL 33172

9105 NW 25 ST
MIAMI FL 33172

3. Date Incorporated or Qualified

09/22/1994

4. FEI Number

65-0544843

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **9601 NW 58 ST**

26 **9601 NW 58 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

Zip

Country

24 **33178**

25 **USA**

Zip

Country

29 **33178**

30 **USA**

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROOSEVELT, JAMES
9105 NW 25 ST
MIAMI FL 33172

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HELLER, IRVING**
STREET ADDRESS **9105 NW 25 STREET**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VPD** ☐ DELETE
NAME **ORAMAS, RITA**
STREET ADDRESS **9601 NW 58 STREET**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **STD** ☐ DELETE
NAME **ROOSEVELT, JAMES**
STREET ADDRESS **9601 NW 58 STREET**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

SIGNATURE James Roosevelt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98
Date

305-745-5010
Daytime Phone # **0032804**

CR2E037 (10/97)