

FILE NOW: FILING FEE IS \$61.25

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Mar 09 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 # **N94000004992 (3)**

1. Corporation Name

**PRISTINE PLACE CRIMEWATCH, INC.**



Principal Place of Business <b>13488 PULLMAN DR SPRING HILL FL 34809</b>	Mailing Address <b>13488 PULLMAN DR SPRING HILL FL 34809</b>
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2. Principal Place of Business <b>21 4100 BRECKLAND CT.</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 4100 BRECKLAND CT</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 SPRING HILL FL</b>	City & State <b>28 SPRING HILL, FL.</b>
Zip <b>24 34609</b>	Country <b>25 HAWAII</b>
Zip <b>29 34609</b>	Country <b>30 HAWAII</b>

3. Date Incorporated or Qualified <b>10/10/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0535870</b>	
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 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	

9. Name and Address of Current Registered Agent <b>GENOVESE, MARTY 13488 PULLMAN DR SPRING HILL FL 34809</b>	
81 Name <b>HIGGINS ROBERT</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>4100 BRECKLAND CT.</b>
83	
84 City <b>SPRING HILL FL</b>	85 Zip Code <b>34609</b>

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 **ROBERT HIGGINS** **3-1-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D CARTER, BOB 4071 ST IVES BLVD SPRING HILL FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D WEST, JERRY 4230 ST IVES BLVD SPRING HILL FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	D MATT, DONALD 13564 PULLMAN DR SPRING HILL FL 34809	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DIRECTOR HAMANN, EARL
NAME		3.2 NAME	3444 ST. IVES BLVD.
STREET ADDRESS		3.3 STREET ADDRESS	SPRING HILL FLA 34609
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	P GENOVESE, MARTY % 13488 PULLMAN DR SPRING HILL FL 34809	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT HIGGINS, ROBERT
NAME		4.2 NAME	4100 BRECKLAND COURT
STREET ADDRESS		4.3 STREET ADDRESS	SPRING HILL FLA 34609
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	V MORING, BOB % 13488 PULLMAN DR SPRING HILL FL 34809	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VICE PRESIDENT BONANNO, FRANK
NAME		5.2 NAME	4076 BRECKLAND CT.
STREET ADDRESS		5.3 STREET ADDRESS	SPRING HILL, FLA 34609
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	S ALEXANDER, ROBERT % 13488 PULLMAN DR SPRING HILL FL 34809	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **ROBERT HIGGINS** **1-24-98 352666 4862**

CR2E037 (10/97)