FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N95000002602 (9)**

1. Corporation Name

MIAMI BEACH ORGANIZATION FOR PROFESSIONAL LAW EN FORCEMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 403341 MIAMI BEACH FL 33140	P.O. BOX 403341 MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: **06/02/1995**

3a. Date of Last Report:

2 Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0601121 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KLAUSNER, ROBERT D
6565 TAFT STREET
SUITE 200
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

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, Type or Print Name of Person Signing, Capacity/Title Required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DEFUSCO, MARK		12 NAME		
STREET ADDRESS	1100 WASHINGTON AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DICENSO, JOHN		22 NAME		
STREET ADDRESS	1100 WASHINGTON AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, RON		32 NAME		
STREET ADDRESS	1100 WASHINGTON AVENUE		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		34 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ALLEN, DAVID		42 NAME		
STREET ADDRESS	1100 WASHINGTON AVENUE		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		44 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	TWIST, DALE		52 NAME		
STREET ADDRESS	1100 WASHINGTON AVENUE		53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RON CHAPMAN 1/22/96 305-673-7806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #