


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005621 (6)**

1. Corporation Name

BROWARD POLICE OFFICER ASSISTANCE TRUST, INC.

Principal Place of Business	Mailing Address
2801 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065	2801 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1995		3a. Date of Last Report 08/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0646114		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

ARIGO, ROY
2801 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIGO, ROY	1.2 NAME	
STREET ADDRESS	2801 CORAL SPRINGS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, KENNETH	2.2 NAME	
STREET ADDRESS	100 S.W. 4TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH, STEPHEN	3.2 NAME	
STREET ADDRESS	524 N.E. 21ST COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33305	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHENSKY, MARTIN	4.2 NAME	
STREET ADDRESS	9500 PINES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do 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.

CR2E037 (4/97)

SIGNATURE REQUIRED **ARIGO, ROY** 8-12-97 (954) 361-1201