

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90082 048 \*\*\*\*61.25

002344

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1. Corporation Name

BROWARD POLICE OFFICER ASSISTANCE TRUST, INC.

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

Mailing Address  
2801 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065



529930 - 90082 - 48

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/29/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0646114

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
ARIGO, ROY  
2801 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
WAGNER, KENNETH  
100 S.W. 4TH STREET  
HALLANDALE FL 33009

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD  
KENNETH, STEPHEN  
524 N.E. 21ST COURT  
WILTON MANORS FL 33305

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
RAHENSKY, MARTIN  
9500 PINES BLVD.  
PEMBROKE PINES FL 33026

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5-3-99

(954) 346-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)