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Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90033 030 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000001666

1. Corporation Name

FLORIDA CRIME PREVENTION FEDERATION, INC.

Principal Place of Business

12040 S.W. 26 CT.
DAVIE FL 33330

Mailing Address

12040 S.W. 26 CT.
DAVIE FL 33330



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

65-0670881

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

9. Name and Address of Current Registered Agent

DOWNS, JACK C
12040 S.W. 26 CT.
DAVIE FL 33330

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, 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	<input type="checkbox"/> DELETE
NAME	DOWNS, JACK C	
STREET ADDRESS	12040 S.W. 26 CT.	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERRI, ALEX	
STREET ADDRESS	6200 SW 16 CT.	
CITY-ST-ZIP	POMPAHO BCH. FL 33068	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	NEAL BLAUSTEIN	
STREET ADDRESS	7400 NW 4 PL #104	
CITY-ST-ZIP	DAVIE FL 33330-3306	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOWNS, JACK	
STREET ADDRESS	12040 SW 26TH COURT	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DOWNS, GINGER	
STREET ADDRESS	12040 S.W. 26 CT.	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT/AGENT 1/7/99

954-474-1644
Date Daytime Phone #

CR2E037 (11/98)