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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005941					
1. Corporation Name THE MULTI-AGENCY POLICE OFFICERS' BALL, INC.					
Principal Place of Business C/O CLARA MAYO 120 NORTH "G" STREET LAKE WORTH FL 33460			Mailing Address C/O CLARA MAYO 120 NORTH "G" STREET LAKE WORTH FL 33460		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/16/1998 4. FEI Number 65-0885444 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
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9. Name and Address of Current Registered Agent MAYO, CLARA 120 NORTH "G" STREET LAKE WORTH FL 33460		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	
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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 reappointing)

DATE

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE President "D" 1.2 NAME Clara Mayo 1.3 STREET ADDRESS 120 North "G" Street 1.4 CITY-ST-ZIP Lake Worth, FL 33460 2.1 TITLE Vice-President 2.2 NAME Mark C. Hall 2.3 STREET ADDRESS 400 Davis Road 2.4 CITY-ST-ZIP Palm Springs, FL 33461 3.1 TITLE Vice-President "D" 3.2 NAME Chris Moran 3.3 STREET ADDRESS 230 Sunshine Road 3.4 CITY-ST-ZIP West Palm Beach, FL 33411 4.1 TITLE Secretary "D" 4.2 NAME Carla Irons 4.3 STREET ADDRESS 210 N. Military Trail 4.4 CITY-ST-ZIP Jupiter, FL 33458 5.1 TITLE Treasurer 5.2 NAME Arthur Apicella 5.3 STREET ADDRESS 2100 N. Florida Mango Road 5.4 CITY-ST-ZIP West Palm Beach, FL 33409 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

586-1611 ext 102

Date

Daytime Phone #

CR2E037 (1/98)