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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000079926 (9)

CRIME PREVENTION CORP.

## **FILED** May 02 1997 8:00am Secretary of State



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•	e of Business		iling Address							
10746 SW 24 8 MAMI FL 3316	5 🔪	MIA	.BOX 651851 .MI FL 33265-1851			:				
7640 NW. 06 St. Ste. 105						3. Date Inco	rporated or Qualified		ate of Last F 01/1996	Report
Principal Pu	1 . 3 3/ 42 ace of Business	. 20	Mailing Address			4. FEI Numb		1 00/		pplied For
1 744/	N.W. 25	/ /		x 651	9.5/	65-05			<del>  </del>	ot Applicable
Suite, Aut	#, etc.		Suite, Apt #, etc.	X 6911	4 <del></del>	·····	of Status Desired		\$8.75	Additional
2 Surus City & State	ر 105	27	City & State			& Flaction C	ampaign Financing			equired May Be
3 Hiaz	11. FL.	28	Ph.			h '	d Contribution		•	to Fees
_ 26° Շ  <b>ጓ</b> ℷֈ 4	Country	CA m	zip ' 2 3 2 65	30 7/	try A.	8. This corp Florida St	oration has liability to		tax under s	s. 199.032,
24 Jol 6	9. Name and Address	S of Current Registr		1341 4	<del>4-11-</del>		d Address of New R			
A) F	RRA, ALBERT S				B1 Name					
	SW 87TH CT									
	MI FL 33165			1	Street Add	dress (P.O. Box N	umber is Not Accepta	ible)		
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			_	11	B4 City			FL	<b>85</b> Zip	Code
11, Pursuant t	o the provisions of Section	ns 607.0502 and 60	7.1508, Florida St	atutes, the abo	ove-named cor	rporation submits	this statement for the	purpose o	changing i	ts registered
office or re	o the provisions of Section egistered agent, or both, in m familiar with, and accep	in the State of Florid	a/Such change w	as authorized	by the corpora	ation's board of di	rectors. I hereby acco	ept the app	ointment as	registered
agent. Far	n ramıllar with, and acyep	it the poligations of	/SECTION 1001.0505	, rionoa statu	nes.			عالمد	'n	
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Information inclicated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change), or on an attachment with an address.

**SIGNATURE:**