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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36293 (1)

1. Corporation Name
FLORIDA KEYS AREA HEALTH EDUCATION CENTER PROGRA M, INC.



Principal Place of Business 8901 OVERSEAS HWY MARATHON FL 33050 US	Mailing Address 8901 OVERSEAS HWY MARATHON FL 33050 US
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3. Date Incorporated or Qualified 01/25/1990	
4. FEI Number 65-0183810	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**JOUBERT, MARY
8901 OVERSEAS HWY
MARATHON FL 33050**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE ROGERS, CAROL STREET ADDRESS 5900 JUNIOR COLLEGE RD. CITY-ST-ZIP KEY WEST FL 33040
TITLE CD	<input checked="" type="checkbox"/> DELETE DOOLEY, COLEEN STREET ADDRESS 5901 W. COLLEGE RD. CITY-ST-ZIP KEY WEST FL 33040
TITLE SD	<input checked="" type="checkbox"/> DELETE TRIBBLE, RICK STREET ADDRESS MONROE CO. DETENTION CTR - 5501 COLLEGE RD CITY-ST-ZIP KEY WEST FL 33040
TITLE TD	<input checked="" type="checkbox"/> DELETE TAVERNIER, PATRICE STREET ADDRESS 3301 OVERSEAS HWY CITY-ST-ZIP MARATHON FL
TITLE ED	<input type="checkbox"/> DELETE JOUBERT, MARY STREET ADDRESS 8901 OVERSEAS HWY CITY-ST-ZIP MARATHON FL
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tavernier, Patrice 1.2 NAME 3301 Overseas Highway 1.3 STREET ADDRESS Marathon, FL 33050 1.4 CITY-ST-ZIP
2.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Walker, Debra, Ph.D. 2.2 NAME 68 Bahama Avenue 2.3 STREET ADDRESS Key Largo, FL 33037 2.4 CITY-ST-ZIP
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Herron, Ron 3.2 NAME AIDS Help - P.O. Box 4374 3.3 STREET ADDRESS Key West, FL 33041 3.4 CITY-ST-ZIP
4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rice, David, Ph.D 4.2 NAME 3000 41st Street 4.3 STREET ADDRESS Marathon, FL 33050 4.4 CITY-ST-ZIP
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Mary E. Joubert*

Jan. 21, 1998 (305) 743-7111

CR2E037 (10/97)