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Feb 04 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 # N94000003564 (1)
 1. Corporation Name
ONE UNITED BAND, THE EDISON LINKAGE FOUNDATION, INC.



Principal Place of Business 1601 SOUTH MIAMI AVENUE MIAMI FL 33129	Mailing Address 1601 SOUTH MIAMI AVENUE MIAMI FL 33129
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3. Date Incorporated or Qualified 07/18/1994		
4. FEI Number 65-0507958	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

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	

9. Name and Address of Current Registered Agent
BAILEY, GUY B JR
501 BRICKELL KEY DRIVE SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 type="checkbox"/> DELETE
NAME	BAILEY, JR., GUY B	
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GRAHAM, ADELE	
STREET ADDRESS	14814 BRECKNESS PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VPDS	<input type="checkbox"/> DELETE
NAME	MOORE MCCABE, ARVA	
STREET ADDRESS	1601 S. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEYE, CHARLES N	
STREET ADDRESS	12580 NE 9TH AVENUE	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, CAROL F	
STREET ADDRESS	5501 SW 101ST STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COONEY, JAMES J	
STREET ADDRESS	1811 ATLANTIS PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2435 Hollywood Blvd, Suite 202
4.4 CITY-ST-ZIP	Hollywood, FL 33020
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.

SIGNATURE: Charles N. Keye 1/26/98 (954) 921-1041

CR2E037 (10/97)