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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90025 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N94000003564

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



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 07/18/1994 4. FEI Number 65-0507958 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 BAILEY, GUY B JR 501 BRICKELL KEY DRIVE SUITE 300 MIAMI FL 33131 10. Name and Address of New Registered Agent 81 Name Charles N. Keye 82 Street Address 2435 Hollywood Blvd. 83 Suite 202 84 City Hollywood FL 85 Zip Code 33020

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE [Signature] TREASURER [Signature] DIRECTOR [Signature] 1/20/99

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles and names like BAILEY, JR., GUY B; GRAHAM, ADELE; MOORE MCCABE, ARVA; KEYE, CHARLES N; WILLIAMSON, CAROL F; COONEY, JAMES J.

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 DIRECTOR 1/20/99

CR2E037 (11/98)