


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000004755 (1)

1. Corporation Name
AFRICAN AMERICAN ENTREPRENEURIAL ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business P O BOX 16413 ST PETERSBURG FL 33733-6413 | Mailing Address P O BOX 16413 ST PETERSBURG FL 33733-6413 |
|---|---|

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 08/21/1997 | Applied For Not Applicable |
| 4. FEI Number 59-3492502 | |

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| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country |
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|--|--------------------------------|
| 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 checked="" 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 checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
RUBIN, MINSON
4462 2ND AVE S
ST PETERSBURG FL 33711

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: MINSON RUBIN (Signature, typed or printed name of registered agent and title if applicable.)
Minson Rubins (NOTE: Registered Agent signature required when reinstating.)
 DATE: 7/26/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | RUBIN, MINSON | |
| STREET ADDRESS | 4462 2ND AVE S | |
| CITY-ST-ZIP | ST PETERSBURG FL 33711 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | TUCKER, FRED | |
| STREET ADDRESS | 3451 MANATEE DR SE | |
| CITY-ST-ZIP | ST PETERSBURG FL 33705 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | WOODUM, SHELLY | |
| STREET ADDRESS | 3044 9TH AVE N | |
| CITY-ST-ZIP | ST PETERSBURG FL 33713 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | MITCHELL, JOSEPH | |
| STREET ADDRESS | 2238 CALEXICO WAY S | |
| CITY-ST-ZIP | ST PETERSBURG FL 33712 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DS WOODUM, Shelly |
| 3.3 STREET ADDRESS | 3044-9th Ave N. |
| 3.4 CITY-ST-ZIP | St. Petersburg, Fl. 33713 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | DT MITCHELL, Joseph A. |
| 4.3 STREET ADDRESS | 2238-Calexico Way S. |
| 4.4 CITY-ST-ZIP | St. Petersburg, Fl. 33712 |
| 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: Minson Rubins - MINSON RUBIN DATE: 7/26/98 727-327-1718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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CR2E037 (5/98)