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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90039 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000002430
 1. Corporation Name
 ADVERTISING FEDERATION OF GREATER MIAMI SCHOLARS
 HIP FOUNDATION, INC.

450291 - 90239 - 9



Principal Place of Business Mailing Address
~~201 SW 27TH AVENUE MIAMI FL 33135~~
 300 71ST STREET - SUITE 612
 MIAMI BEACH, FL 33141

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified. 04/28/1998
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0832745
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BODNER, STANLEY J 281 SW 27TH AVE MIAMI FL 33135 300 71ST STREET - SUITE 612 MIAMI BEACH, FL 33141	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
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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: *Stanley J Bodner* STANLEY J BODNER DATE: 4/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODNER, STANLEY J	1.2 NAME	
STREET ADDRESS	281 SW 27TH AVENUE	1.3 STREET ADDRESS	300 71ST ST - SUITE 612
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, THOMAS L	2.2 NAME	
STREET ADDRESS	5470 SW 70 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D BILL DRIER
STREET ADDRESS		3.3 STREET ADDRESS	520 BRICKELL KEY DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BAYHOUSE 45, MIAMI, FL 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D ROSE RICE
STREET ADDRESS		4.3 STREET ADDRESS	17094 COLLINS AVE # 509A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D WENDY KAMILAR
STREET ADDRESS		5.3 STREET ADDRESS	2601 NOC-A-TEE DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley J Bodner* REQUIRED DATE: 4/1/99 205/861-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)