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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003474 (2)

1. Corporation Name
AIDS EDUCATION 2000, INC.

Principal Place of Business	Mailing Address
4000 HEATH CIRCLE SOUTH WEST PALM BEACH FL 33407	P O BOX 10582 RIVIERA BEACH FL 33419-0582

3. Date Incorporated or Qualified: 07/24/1995
3a. Date of Last Report: 09/03/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 55-4782003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEL SOSA, LORETTA
347 WEST 29TH STREET
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name: LORETTA DEL SOSA
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, DOLORES		1.2 NAME		
STREET ADDRESS	867 AZALEA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~MCGEE, LISA~~		2.2 NAME		
STREET ADDRESS	~~840 45TH STREET~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~WEST PALM BEACH FL 33401~~		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, LECIA		3.2 NAME		
STREET ADDRESS	4000 HEATH CIRCLE-SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOVEGGS, LULA		4.2 NAME		
STREET ADDRESS	7944 PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANCHORAGE AK 99504		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JR., KERMOND L		5.2 NAME		
STREET ADDRESS	825 BRIARWOOD AVE., #2		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06604		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LOFTON, LINDA P		6.2 NAME		
STREET ADDRESS	10200 LAHACIENDA BLVD. A3		6.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN VALLEY CA 92708		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Loretta Del Sosa