

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003474 (2)

1. Corporation Name

AIDS EDUCATION 2000, INC.



Principal Place of Business		Mailing Address	
<del>4000 HEATH CIRCLE SOUTH WEST PALM BEACH FL 33407</del> <b>347 29th ST WEST RIVIERA BEACH FL 33404 3705</b>		P O BOX 10582 RIVIERA BEACH FL 33419-0582	
2. Principal Place of Business	2a. Mailing Address		
21. <b>347 29th ST WEST</b>	28. <b>347 29th ST WEST</b>		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. <b>RIVIERA BEACH, FL</b>	28. <b>RIVIERA BEACH, FL</b>		
24. <b>33404-3705</b>	29. <b>USA</b>	30. <b>USA</b>	

3. Date Incorporated or Qualified	
<b>07/24/1995</b>	
4. FEI Number	Applied For
<b>55-4782003</b>	Not Applicable
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>DEL SOSA, LORETTA</b> <b>347 WEST 29TH STREET</b> <b>RIVIERA BEACH FL 33404</b>	

10. Name and Address of New Registered Agent	
81. Name	<b>KERMOND L. TAYLOR</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>347 WEST 29th ST</b>
83. City	<b>RIVIERA BEACH, FL</b>
84. Zip Code	<b>FL 33404</b>

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 for 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 *[Signature]* DATE **5-31-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S ROBINSON, DOLORES</b>	1.2 NAME	<b>BROWN, MELISSA</b>
STREET ADDRESS	<b>887 AZALEA DRIVE</b>	1.3 STREET ADDRESS	<b>1301 NW 51st ST</b>
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33142</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, LECIA</b>	2.2 NAME	<b>WILLIAMS, BEVERLY</b>
STREET ADDRESS	<b>4000 HEATH CIRCLE SOUTH</b>	2.3 STREET ADDRESS	<b>2418 NW 81st TERR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33147</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOVEGGS, LULA</b>	3.2 NAME	
STREET ADDRESS	<b>7944 PARKWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ANCHORAGE AK 99504</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JR., KERMOND L</b>	4.2 NAME	
STREET ADDRESS	<b>825 BRIARWOOD AVE., #2</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRIDGEPORT CT 06604</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOFTON, LINDA P</b>	5.2 NAME	
STREET ADDRESS	<b>10200 LAHACIENDA BLVD. A3</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FOUNTAIN VALLEY CA 92708</b>	5.4 CITY-ST-ZIP	
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)(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 *[Signature]* DATE **June 13, 1998**

CR2E037 (10/97)