

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90009 042 ****61.25

DOCUMENT # **F94000000715**

1. Corporation Name

THE PEDIATRIC AIDS FOUNDATION CORPORATION

Principal Place of Business

2950 31ST STREET
#125
SANTA MONICA CA 90405
US

Mailing Address

1311 COLORADO AVE.
SANTA MONICA CA 90404



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		95-4191698	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEEGEN, SUSAN	1.2 NAME	
STREET ADDRESS	2950 31ST STREET, #125	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, KATE	2.2 NAME	
STREET ADDRESS	2950 31ST STREET, #125	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZIAN, PETER	3.2 NAME	
STREET ADDRESS	701 B ST., STE. 2100	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92101	3.4 CITY-ST-ZIP	
TITLE	EO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRE, JANIS	4.2 NAME	
STREET ADDRESS	2950 31ST STREET, #125	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIDERMAN, LLOYD S	5.2 NAME	
STREET ADDRESS	747 3RD AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASER, MICHAEL P	6.2 NAME	
STREET ADDRESS	2950 31ST STREET, #125	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA 90405	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, with all other like empowered.

SIGNATURE: *Susan Zeegen* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)