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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25994** (7)
1. Corporation Name
AIDS-MANASOTA, INC.

Principal Place of Business 2080 RINGLING BLVD., SUITE #302 SARASOTA FL 34237	Mailing Address 2080 RINGLING BLVD., SUITE #302 SARASOTA FL 34237
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 04/20/1988	4. FEI Number 65-0044473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DEBORAH WESTMORELAND ESQ
1111 9TH AVE SUITE C
BRADENTON FL 34205**

10. Name and Address of New Registered Agent
81 Name **Edwin Hooper**
82 Street Address (P.O. Box Number is Not Acceptable)
3904 MAVERICK AVE.
83 **Sarasota FL**
84 City **FL** 85 Zip Code **34233**

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 **Edwin D. Hooper, II** DATE **4-23-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	WESTMORELAND, DEBORAH	1.2 NAME	HOOPER, II E.
STREET ADDRESS	111 9 AVE STE C	1.3 STREET ADDRESS	3904 MAVERICK AVE.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	P	2.1 TITLE	Secretary
NAME	WESLEY PITTS	2.2 NAME	RANDY ARCHER
STREET ADDRESS	973 SUN RIDGE DR	2.3 STREET ADDRESS	8039 6th St.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34237
TITLE	T	3.1 TITLE	Director
NAME	JEFFREY HEINEMAN	3.2 NAME	LES Leighton
STREET ADDRESS	2102 COUNTRY MEADOWS PL	3.3 STREET ADDRESS	3221 Granada Place #135
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota FL 34231
TITLE	D	4.1 TITLE	Director
NAME	HOOPER, II E	4.2 NAME	Debbie Sergi-Laws
STREET ADDRESS	3904 MAVERICK AVE	4.3 STREET ADDRESS	2418 ICE CANAL DR.
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota FL 34240
TITLE	S	5.1 TITLE	Director
NAME	WILLIAM BARTLETT	5.2 NAME	Jeffrey Post
STREET ADDRESS	2057 CASS ST	5.3 STREET ADDRESS	3326 7th St.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota FL 34237
TITLE	D	6.1 TITLE	M
NAME	SHELDON, MICHAEL T	6.2 NAME	DR. Victoria B. Urban
STREET ADDRESS	4491 DIAMOND CR E	6.3 STREET ADDRESS	4481 DEL SOL BLVD S.
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota FL 34243

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: **Victoria B. Urban**

1-5-98 (941) 954-6011

CR2E037 (10/97)