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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25994

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	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0044473
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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	10. Name and Address of New Registered Agent
HOOPER, EDWIN 3904 MAVERICK AVE SARASOTA FL 34233	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: *Edwin Hooper II* (NOTE: Registered Agent signature required when reinstating) **13 Jan 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	HOOPER, II E 3904 MAVERICK AVE SARASOTA FL 34233	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	ARCHER, RANDY 2039 6TH ST SARASOTA FL 34237	2.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	LEIGHTON, LES 3221 GRANADA PL STE 135 SARASOTA FL 34231	3.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SERGI-LAWS, DEBBIE 2418 ICE CAPE DR SARASOTA FL 34240	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	POST, JEFFREY 3326 7TH ST SARASOTA FL 34237	5.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE M	URBAN, VICTORIA B DR 4581 DEL SOL BLVD S SARASOTA FL 34243	6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Victoria B. Urban* **VICTORIA B. Urban** 1-12-99 (941) 954-6011
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)