

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31742 (2)**

1. Corporation Name
IMPROVEMENT OF MINORITIES IN INTERNAL REVENUE SERVICE "AIM-IRS", INC.



Principal Place of Business: C/O MCGOWIAN, DIANA, POST OFFICE BOX 15736, PLANTATION FL 33318 US
Mailing Address: C/O MCGOWIAN, DIANA, POST OFFICE BOX 15736, PLANTATION FL 33318 US

3. Date Incorporated or Qualified: **04/17/1989**
3a. Date of Last Report: **05/01/1995**

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: **65-0070697**
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
**BROWN, ERIC N.
18441 N.W. 2ND AVE.
STOP 4448
MIAMI FL 33169**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOWIAN, DIANA	1.2 NAME	
STREET ADDRESS	51 SW 1ST AVE STOP 4200	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MICHELE	2.2 NAME	TD
STREET ADDRESS	ONE NORTH UNIVERSITY DR., STOP EEO	2.3 STREET ADDRESS	Hamilton, Michele
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	One N. University Dr. Stop EEO
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, CYNTHIA	3.2 NAME	
STREET ADDRESS	1 NORTH UNIVERSITY DR - STOP 1230	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ERIC N	4.2 NAME	
STREET ADDRESS	18441 NW 2ND AVE STOP 4448	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEMAN, CYNTHIA	5.2 NAME	Benita Weston
STREET ADDRESS	ONE NORTH UNIVERSITY DRIVE SOTP 1230	5.3 STREET ADDRESS	One North University Dr.
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, DEBORAH L	6.2 NAME	Byrd, Calvin
STREET ADDRESS	ONE NORTH UNIVERSITY DRIVE STOP 1300	6.3 STREET ADDRESS	300 Lock Road, Stop 5420
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	Deerfield Beach, FL 33442

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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: *Eric N. Brown* ERIC N. BROWN April 4, 1996 (305) 664-6287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)