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Secretary of State

03-01-1999 90065 046 ****61.25

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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 # N31742

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

Principal Place of Business C/O MCGOWAN-DIANA Crook, Terri POST OFFICE BOX 15736 PLANTATION FL 33318 US	Mailing Address C/O MCGOWAN-DIANA Crook, Terry POST OFFICE BOX 15736 PLANTATION FL 33318 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/17/1989	4. FEI Number 65-0070697	Applied For Not Applicable
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9. Name and Address of Current Registered Agent Moore, Terry HAMILTON, MICHELE 1 N. UNIVERSITY DRIVE STOP EEO 4000 FT. LAUDERDALE FL 33324	10. Name and Address of New Registered Agent 81 Name Terry Moore 82 Street Address (P.O. Box Number is Not Acceptable) 1 N. University Drive, Stop 4000 83 84 City Ft. Lauderdale FL 85 Zip Code 33324
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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 Terry Moore Terry Moore Treasurer DATE 2/01/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MCGOWAN, DIANA Crook, Terri	1.2 NAME	
STREET ADDRESS	5T SW 1ST AVE STOP 4200 1700 Palm Beach Lakes West Palm Beach, FL 33409	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MICHELE Moore, Terry	2.2 NAME	
STREET ADDRESS	ONE N UNIVERSITY DRIVE, STOP EEO-4000	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, CYNTHIA Peterson, Renee	3.2 NAME	
STREET ADDRESS	1 NORTH UNIVERSITY DR - STOP 4000	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, DOROTHY Gibbs, Vonice	4.2 NAME	
STREET ADDRESS	1 NO UNIV. DRIVE STOP 4323 300 Lock Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL Deerfield Beach, FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITA WESTON	5.2 NAME	
STREET ADDRESS	ONE NORTH UNIVERSITY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, CALVIN	6.2 NAME	
STREET ADDRESS	300 LOCK ROAD, STOP 5420	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	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: Terry Moore DATE: 2/01/99 DAYTIME PHONE #: 954-423-7489

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)