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FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000274 (0)
1. Corporation Name
HIV POSITIVE GUILT NEGATIVE INC.

Principal Place of Business 2914 BEACH BLVD S. GULFPORT FL 33737	Mailing Address POST OFFICE BOX 5048 GULFPORT FL 33737-5048
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2. Principal Place of Business 21 2825 BEACH FL	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GULFPORT, FL	City & State 28
Zip 24 33707	Country 25 U.S.A
29	30

3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3227808	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**OATLEY, AMY
9991 53 AVE N
ST. PETERSBURG FL 33708**

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	
TITLE	<input type="checkbox"/> DELETE
NAME	P OATLEY, AMY
STREET ADDRESS	991 53 AVE N
CITY - ST - ZIP	ST PETERSBURG FL 33708
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V PECORARO, CARMINE
STREET ADDRESS	1334 TAMPA RD UNIT 305
CITY - ST - ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	D LAWTON, LARRY
STREET ADDRESS	556 9 AVE N
CITY - ST - ZIP	ST PETERSBURG FL 33701
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LEDING, J. LATCH II
STREET ADDRESS	135 85TH AVE. APT 1
CITY - ST - ZIP	TREASURE ISLAND FL 33706
TITLE	<input type="checkbox"/> DELETE
NAME	D WRIGHT, JUDY
STREET ADDRESS	1001 E. DRUID RD.
CITY - ST - ZIP	CLEARWATER FL 34616
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D PATRICK KRANZ
1.3 STREET ADDRESS	8734 GROVE TERR APT 168
1.4 CITY - ST - ZIP	TEMPLE TERRACE, FL 33617
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D RENA-PAULETTE GUAY
2.3 STREET ADDRESS	526 6 ST N #7
2.4 CITY - ST - ZIP	ST PETERSBURG, FL 33701
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: **AMY OATLEY 4/29/97 813-384-4305**

CR2E037 (9/96)