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Secretary of State

06-25-1999 90010 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004988					
1. Corporation Name TEENS UNITED IN FRIENDSHIP, INC.					
Principal Place of Business 1113 N.E. 2ND ST. FT. LAUDERDALE FL 33301			Mailing Address 1113 N.E. 2ND ST. FT. LAUDERDALE FL 33301		
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 10/10/1994 4. FEI Number 65-0538430 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 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 FIDLOW, CHERYL 1113 NE 2ND STREET FT. LAUDERDALE FL 33301			10. Name and Address of New Registered Agent 81 Name West, Cheryl 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 Ch West DATE 6/22/99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PD FIDLOW, CHERYL STREET ADDRESS 1113 NE 2ND STREET CITY-ST-ZIP FT. LAUDERDALE FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit 1.2 NAME West, Cheryl 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D WEISMAN, WENDI STREET ADDRESS 4775 W ATLANTIC AVENUE CITY-ST-ZIP DELRAY BEACH FL 33445			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME D WEAVER, STEPHANI STREET ADDRESS 600 SE 3RD AVE., 7TH FLOOR CITY-ST-ZIP FT. LAUDERDALE FL 33301			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addit 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE: **Ch West** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99 954-462-112
Date Daytime Phone #