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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90008 018 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000005799					
1. Corporation Name MINORITY/WOMEN BUSINESS ENTERPRISE ALLIANCE, INC					
Principal Place of Business 3700 34TH ST. 100 ORLANDO FL 32805 US			Mailing Address 3700 34TH ST. 100 ORLANDO FL 32805 US		
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 11/21/1994 4. FEI Number 59-3286950 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BROWN-HARRIS, ANN PRESIDENT + CEO M/WBE ALLIANCE INC. 3700 34TH STREET, SUITE 100 ORLANDO FL 32808			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 <i>[Signature]</i> 4/26/99 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME CHAIRMAN STREET ADDRESS ZAK, RODERICK R REV CITY-ST-ZIP 3700 34TH ST., STE. 100 ORLANDO FL TITLE <input type="checkbox"/> DELETE NAME 2VC STREET ADDRESS MILLER, WILLIAM CITY-ST-ZIP 3700 34TH ST., STE. 100 ORLANDO FL 32805 TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS HOOD, MAYOR GLENDA CITY-ST-ZIP 3700 34TH ST., STE. 100 ORLANDO FL 32805 TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS CHAPIN, LINDA CITY-ST-ZIP 3700 34TH ST., STE. 100 ORLANDO FL 32805 TITLE <input checked="" type="checkbox"/> DELETE NAME D STREET ADDRESS WILLIAMS, THOMAS CITY-ST-ZIP 3700 34TH ST., STE. 100 ORLANDO FL 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 1.3 STREET ADDRESS Judson Green 1.4 CITY-ST-ZIP 3700 34th St., Ste. 100 Orlando, FL 32805 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME D 2.3 STREET ADDRESS Ron Sikes 2.4 CITY-ST-ZIP 3700 34th St., Ste. 100 Orlando, FL 32805 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME D 3.3 STREET ADDRESS Inez Long 3.4 CITY-ST-ZIP 3700 34th St., Ste. 100 Orlando, FL 32805 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME D 4.3 STREET ADDRESS Ray McCleese 4.4 CITY-ST-ZIP 3700 34th St., Ste. 100 Orlando, FL 32805 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME PRESIDENT + CEO 5.3 STREET ADDRESS ANN BROWN HARRIS 5.4 CITY-ST-ZIP 3700 34th St Orlando, FL 32805 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 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: *[Signature]* **4/26/99** (407) 428 5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)