

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N95000003474 (2)**

1. Corporation Name

**AIDS EDUCATION 2000, INC.**



|                                                                                                                            |                         |                                              |  |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------|--|
| Principal Place of Business                                                                                                |                         | Mailing Address                              |  |
| <del>4000 HEATH CIRCLE SOUTH<br/>WEST PALM BEACH FL 33407</del><br><b>347 29th ST WEST<br/>RIVIERA BEACH FL 33404-3705</b> |                         | P O BOX 10582<br>RIVIERA BEACH FL 33419-0582 |  |
| 2. Principal Place of Business                                                                                             | 2a. Mailing Address     |                                              |  |
| 21. <b>347 29th ST WEST</b>                                                                                                | 28. Suite, Apt. #, etc. |                                              |  |
| 22. <b>1200</b>                                                                                                            | 27. Suite, Apt. #, etc. |                                              |  |
| 23. <b>RIVIERA BEACH, FL</b>                                                                                               | 28. City & State        |                                              |  |
| 24. <b>33404-3705</b>                                                                                                      | 29. Zip                 | 30. Country                                  |  |
| 25. <b>USA</b>                                                                                                             | 30. Country             |                                              |  |

|                                                                                                     |                                                                |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                                   |                                                                |
| <b>07/24/1995</b>                                                                                   |                                                                |
| 4. FEI Number                                                                                       | Applied For                                                    |
| <b>55-4782003</b>                                                                                   | Not Applicable                                                 |
| 5. Certificate of Status Desired                                                                    | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution                                              | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?                                          |                                                                |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |                                                                |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. |                                                                |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                            |                                                                |

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                              |  |
| <b>DEL SOSA, LORETTA<br/>347 WEST 29TH STREET<br/>RIVIERA BEACH FL 33404</b> |  |

|                                                        |                          |
|--------------------------------------------------------|--------------------------|
| 10. Name and Address of New Registered Agent           |                          |
| 81. Name                                               | <b>KERMOND L. TAYLOR</b> |
| 82. Street Address (P.O. Box Number is Not Acceptable) | <b>347 WEST 29 ST</b>    |
| 83. City                                               | <b>RIVIERA BEACH, FL</b> |
| 84. Zip Code                                           | <b>FL 33404</b>          |

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 for 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 *[Signature]* DATE **5-31-98**

|                            |                                            |                                                       |                                                                              |
|----------------------------|--------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>S ROBINSON, DOLORES</b>                 | 1.2 NAME                                              | <b>BROWN, MELISSA</b>                                                        |
| STREET ADDRESS             | <b>887 AZALEA DRIVE</b>                    | 1.3 STREET ADDRESS                                    | <b>1301 NW 51ST ST</b>                                                       |
| CITY-ST-ZIP                | <b>ROYAL PALM BEACH FL 33411</b>           | 1.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33142</b>                                                       |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>LEWIS, LECIA</b>                        | 2.2 NAME                                              | <b>WILLIAMS, BEVERLY</b>                                                     |
| STREET ADDRESS             | <b>4000 HEATH CIRCLE SOUTH</b>             | 2.3 STREET ADDRESS                                    | <b>2418 NW 81ST TERR</b>                                                     |
| CITY-ST-ZIP                | <b>WEST PALM BEACH FL 33407</b>            | 2.4 CITY-ST-ZIP                                       | <b>MIAMI, FL 33147</b>                                                       |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TOVEGGS, LULA</b>                       | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>7944 PARKWAY</b>                        | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>ANCHORAGE AK 99504</b>                  | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TAYLOR, JR., KERMOND L</b>              | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>825 BRIARWOOD AVE., #2</b>              | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>BRIDGEPORT CT 06604</b>                 | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>LOFTON, LINDA P</b>                     | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>10200 LAHACIENDA BLVD. A3</b>           | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>FOUNTAIN VALLEY CA 92708</b>            | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                            | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                            | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                            | 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.

SIGNATURE *[Signature]* DATE **June 13, 1998**

CR2E037 (10/97)