

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N95000003527 (7)**
1. Corporation Name

AIDS EDUCATION AND INFORMATION FUND, INC.



Principal Place of Business 3301 N. 29TH AVE. HOLLYWOOD FL 33020	Mailing Address 3301 N. 29TH AVE. HOLLYWOOD FL 33020
--------------------------------------------------------------------------------	--------------------------------------------------------------------

3. Date Incorporated or Qualified 07/24/1995	
4. FEI Number 65-0603113	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable	

2. Principal Place of Business 21 2790 So Park Rd Suite, Apt. #, etc. 22 City & State 23 Pembroke Park FL Zip 24 33009 Country 25 USA	2a. Mailing Address 26 2790 So Park Rd Suite, Apt. #, etc. 27 City & State 28 Pembroke Park, FL Zip 29 33009 Country 30 USA
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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	

FINKELBERG, ELI
3301 N. 29TH AVE.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 2790 So Park Rd.	
83	
84 City Pembroke Park	85 Zip Code FL 33009

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELBERG, ELI	1.2 NAME	
STREET ADDRESS	3301 N. 29TH AVE.	1.3 STREET ADDRESS	2790 So Park Rd
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	Pembroke Park, FL 33009
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JEROME	2.2 NAME	
STREET ADDRESS	3301 N. 29TH AVE.	2.3 STREET ADDRESS	2790 So Park Rd
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Pembroke Park, FL 33009
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSNER, ANGEL	3.2 NAME	
STREET ADDRESS	3301 N. 29TH AVE.	3.3 STREET ADDRESS	2790 So Park Rd
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	Pembroke Park, FL 33009
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0021335

CR2E037 (10/97)