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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006191 (8)**

1. Corporation Name

AMERICAN AIDS FOUNDATION, INC.



Principal Place of Business 2817 E. OAKLAND PARK BLVD., SUITE 302 FT. LAUDERDALE FL 33306	Mailing Address 2817 E. OAKLAND PARK BLVD., SUITE 302 FT. LAUDERDALE FL 33306-1813
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3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report
4. FEI Number 65-0736346	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

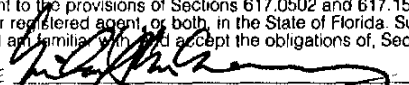
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEINGER, MICHAEL S ESQ.
2817 E. OAKLAND PARK BLVD., SUITE 302
FT. LAUDERDALE FL 33306**

81 Name Michael J. McNerney, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) Brinkley, McNerney, Morgan, Solomon & Tatum, LLP
83 200 East Las Olas Boulevard, Suite 1800
84 City Fort Lauderdale
85 Zip Code FL 33301

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  **Michael J. McNerney** **4/8/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Steiner, Steven
STREET ADDRESS		1.3 STREET ADDRESS	2817 E. Oakland Park Blvd., Ste. 302
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Mitchell, Clark (Dr.)
STREET ADDRESS		2.3 STREET ADDRESS	2817 E. Oakland Park Blvd., Ste. 302
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Meekins, Richard
STREET ADDRESS		3.3 STREET ADDRESS	2817 E. Oakland Park Blvd., Ste. 302
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306
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 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:  **STEVEN STEINER** **3-20-97** **954-568-2929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000645

CR2E037 (9/96)