


**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90117 023 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000657**

1. Corporation Name  
**ACT LIKE ME FOUNDATION, INC.**

5 4 1 2 8 5 \*  
 541205 - 90308 - 23

Principal Place of Business 3391 N.W. 151ST TERRACE MIAMI FL 33054	Mailing Address 3391 N.W. 151ST TERRACE MIAMI FL 33054
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2. Principal Place of Business: 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/03/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0811501
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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		10. Name and Address of New Registered Agent		
JOHNSON, KARLTON O 3391 N.W. 151 TERRACE MIAMI FL 33054		B1 Name		
		B2 Street Address (P.O. Box Number is Not Acceptable)		
		B3		
		B4 City	FL	B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, KARLTON O		1.2 NAME Lajuane MACK	
STREET ADDRESS 10110 N.W. 4TH COURT		1.3 STREET ADDRESS 19604 NW 29th AVE	
CITY-ST-ZIP PEMBROKE PINES FL 33028		1.4 CITY-ST-ZIP Miami, FL 33056	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NOEL, LANCE		2.2 NAME Terrosala Brown	
STREET ADDRESS 10110 N.W. 4TH COURT		2.3 STREET ADDRESS 1416 NW 1st Ct	
CITY-ST-ZIP PEMBROKE PINES FL 33028		2.4 CITY-ST-ZIP Miami, FL 33136	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLETCHER, EDWIN R		3.2 NAME	
STREET ADDRESS 15760 SURREY CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP DAVIE FL 33331		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, CEDRICK	no deletion	4.2 NAME	
STREET ADDRESS 4294 FOX TAIL LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP WESTON FL 33331		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTLER, DARRYL	no deletion	5.2 NAME	
STREET ADDRESS 600 WEST 9TH ST. STE. 1016		5.3 STREET ADDRESS	
CITY-ST-ZIP LOS ANGELES CA 90015		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)(f), 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: Karlton O Johnson **REQUIRED** Date: 4-12-99 Daytime Phone #: 954-438-5708

CR2E037 (11/98)