FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**		FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90114 048 ****61.25

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1. Corporation Name

ALLIANCE FOR ETHICAL GOVERNMENT, INC.

Principal Place of Business	Mailing Address
C/O HARRY J. FRIEDMAN 1221 BRICKELL AVENUE MIAMI FL 33131	C/O HARRY J. FRIEDMAN 1221 BRICKELL AVENUE MIAMI FL 33131

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 c/o University of Miami	26 University of Miami	11/12/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number — [X] Applied For / Not Applicable
22 P.O. Box 248218	27 1252 Memorial Drive	
City & State	City & State	5. Certifcate of Status Desired [ ] $8.75 Additional Fee Required
23 Coral Gables, Florida	28 Coral Gables, FL	
Zip — Country	Zip — Country	6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
24 33124 25	29 33124 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
FRIEDMAN, HARRY J 1221 BRICKELL AVENUE MIAMI FL 33131	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	1.1 TITLE P	[ ] Change [ ] Addition
NAME		1.2 NAME GERALD KOGAN	
STREET ADDRESS		1.3 STREET ADDRESS P.O. BOX 248218	
CITY-ST-ZIP		1.4 CITY-ST-ZIP CORAL GABLES, FL 33124	
TITLE	[ ] DELETE	2.1 TITLE D	[ ] Change [ ] Addition
NAME		2.2 NAME EDWARD T. FOOTE II	
STREET ADDRESS		2.3 STREET ADDRESS 1252 MEMORIAL DRIVE	
CITY-ST-ZIP		2.4 CITY-ST-ZIP CORAL GABLES, FL 33124	
TITLE	[ ] DELETE	3.1 TITLE D	[ ] Change [ ] Addition
NAME		3.2 NAME CARLOS A. SALADRIGAS	
STREET ADDRESS		3.3 STREET ADDRESS 10200 SUNSET DRIVE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL 33173	
TITLE	[ ] DELETE	4.1 TITLE D	[ ] Change [ ] Addition
NAME		4.2 NAME THELMA V.A. GIBSON	
STREET ADDRESS		4.3 STREET ADDRESS 3661 FRANKLIN AVENUE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP COCONTU GROVE, FL 33133	
TITLE	[ ] DELETE	5.1 TITLE D	[ ] Change [ ] Addition
NAME		5.2 NAME CYRUS M. JOLLIVETTE	
STREET ADDRESS		5.3 STREET ADDRESS 1252 MEMORIAL DRIVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP CORAL GABLES, FL 33124	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] 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, with all other like empowered.

SIGNATURE: _____ Cyrus M. Jollivette   2-19-99   305-284-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)