

FILE NOW: FILING FEE IS \$61.25

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02-22-1999 90062 027 ****61.25

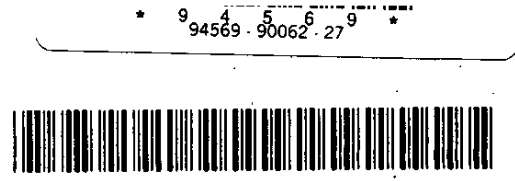
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712674

1. Corporation Name
GREATER CORAL GABLES CHAPTER #449 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business CORAL GABLES YOUTH CENTER CORAL GABLES FL 33134 US	Mailing Address 611 SW 47 COURT MIAMI FL 33134 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/03/1967
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6209755
22 City & State	27 City & State	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
HANCHEY, JOSEPHINE
611 SW 47 COURT
MIAMI FL 33134

10. Name and Address of New Registered Agent
 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 _____ 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	TD HANCHEY, JOSEPHINE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCHEY, JOSEPHINE	1.2 NAME	
STREET ADDRESS	611 SW 47 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	
TITLE	VPD SILVERSTEIN, JANICE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, JANICE	2.2 NAME	
STREET ADDRESS	1765 SW 24 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	2.4 CITY-ST-ZIP	
TITLE	CPMT CABELL, ANN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABELL, ANN	3.2 NAME	
STREET ADDRESS	6280 SW 16 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	
TITLE	SDT ANGELICA, ANITA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELICA, ANITA	4.2 NAME	
STREET ADDRESS	7824 SW 35 TR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE	PD BOHN, MARGARET	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHN, MARGARET	5.2 NAME	
STREET ADDRESS	1400 SW 27 AVE #406	5.3 STREET ADDRESS	PD HANCHEY, WALLACE
CITY-ST-ZIP	MIAMI FL 33145	5.4 CITY-ST-ZIP	611 SW 47 COURT
TITLE		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, with all other like empowered.

SIGNATURE: Josephine Hancheley SIGNATURE REQUIRED 1/15/99 305-444-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)