

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **721105** (5)

1. Corporation Name

SERVICE AGENCY FOR SENIOR CITIZENS OF BROWARD COUNTY, INC.

95 FEB 27 PH 3: 17

Principal Place of Business Mailing Address
1164 E. OAKLAND PARK BLVD. #214 FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1971	3a. Date of Last Report 03/25/1994
4. FEI Number 59-1360227	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAMER, ELLEN
2419 E. COMMERCIAL BLVD.
SUITE 308
FT. LAUDERDALE FL 33308**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDT, ANN S	1.2 NAME	
STREET ADDRESS	7560 PLANTATION, RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	33317
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITTAKER, IRIS	2.2 NAME	
STREET ADDRESS	3323 W. COMMERCIAL BLVD., #200	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	2.4 CITY - ST - ZIP	33309
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, SHERWIN	3.2 NAME	
STREET ADDRESS	6100 HOLLYWOOD BLVD., #410	3.3 STREET ADDRESS	2120 N. 49TH AVENUE
CITY - ST - ZIP	HOLLYWOOD FL	3.4 CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALLWASSER, TERI K	4.2 NAME	
STREET ADDRESS	5660 BLUE LAGOON DR.	4.3 STREET ADDRESS	200 SOUTH BISCAYNE BLVD #200
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	MIAMI, FL 33131
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN KRAMER	5.2 NAME	VD
STREET ADDRESS	2419 E. COMMERCIAL BLVD. STE 308	5.3 STREET ADDRESS	DOMENICA FRASCA, ESQ.
CITY - ST - ZIP	FT. LAUDERDALE FL	5.4 CITY - ST - ZIP	2400 E. COMMERCIAL BLVD. #820
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: IRIS R. WHITTAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRIS R. WHITTAKER, VICE PRESIDENT

2/15/95

(305) 563-8991