

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750696 (7)
1. Corporation Name
AID FOR THE AGED, INC.



Principal Place of Business 2255 GLADES ROAD, 340 W ATTN: ATTY ALBERT GORTZ BOCA RATON FL 33431 US	Mailing Address 2255 GLADES ROAD, 340 W ATTN: ATTY ALBERT GORTZ BOCA RATON FL 33431 US
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3. Date incorporated or Qualified 01/22/1980
4. FEI Number 59-1972574
5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORTZ, ALBERT W.
2255 GLADES ROAD, 340W
BOCA RATON FL 33431**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PT	BURDNER, GALE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	791 PARK AVE	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	NEW YORK NY	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
T	FINKELSTEIN, RICHARD	3.1 TITLE	3.2 NAME
STREET ADDRESS	2520 LAGUNA TERRACE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	FT. LAUDERDALE FL	4.1 TITLE	4.2 NAME
T	SADIN, SAMUEL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	6 PETER LANE	5.1 TITLE	5.2 NAME
CITY-ST-ZIP	NEW HYDE PARK NY	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
VPST	GORTZ, ALBERT W.	6.1 TITLE	6.2 NAME
STREET ADDRESS	2255 GLADES RD 340 W	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CITY-ST-ZIP	BOCA RATON, FL 00000		
VP	MELTZER, BRUCE		
STREET ADDRESS	2599 RT. 112		
CITY-ST-ZIP	MEDFORD NY 11763		
TT	MELTZER, ROBERT M		
STREET ADDRESS	630 5TH AVE		
CITY-ST-ZIP	NEW YORK NY		

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.

SIGNATURE:

Robert Meltzer

2/28/98

CR2E037 (10/97)