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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28414

1. Corporation Name
ALLIANCE FOR AGING, INC.

Principal Place of Business
 9500 S. DADELAND BLVD.
 SUITE 400
 MIAMI FL 33156

Mailing Address
 9500 S. DADELAND BLVD.
 SUITE 400
 MIAMI FL 33156



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/16/1988	
Suite, Apt. #., etc.		Suite, Apt. #., etc.		4. FEI Number	
22		27		65-0101947	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STOKESBERRY, JOHN L. 9500 SOUTH DADELAND BLVD. SUITE 400 MIAMI FL 33156				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	VD	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCHMAN, RAMONA		1.2 NAME	Ramona Frischman	
STREET ADDRESS	1450 NE 2ND AVENUE, ROOM 217		1.3 STREET ADDRESS	1450 NE 2nd Ave., Room 217	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33132	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, MURRAY		2.2 NAME	Norma Lemberg	
STREET ADDRESS	5422 NW 192 LANE		2.3 STREET ADDRESS	306 Fluvia Avenue	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBERST, ROBERT C		3.2 NAME	Martin Urra	
STREET ADDRESS	9715 SW 142ND DRIVE		3.3 STREET ADDRESS	9100 Coral Way, Suite #10	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33165	
TITLE	MD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKESBERRY, JOHN		4.2 NAME		
STREET ADDRESS	9500 S DADELAND BLVD SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, MARY K		5.2 NAME	Mary Kay Reich	
STREET ADDRESS	88820 OVERSEAS HIGHWAY		5.3 STREET ADDRESS	88820 Overseas Highway	
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP	Plantation Key, FL 33070	
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)(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: *John L. Stokesberry* 1/7/99 305/670-6500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)