

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N43637 (0)**  
1. Corporation Name  
**ELDER SERVICES RESOURCE NETWORK, INC.**



Principal Place of Business P. O. BOX 450537 SUNRISE FL 33345-0537 US	Mailing Address P. O. BOX 450537 SUNRISE FL 33345-0537 US
--	--

3. Date Incorporated or Qualified <b>05/28/1991</b>	3a. Date of Last Report <b>06/03/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0418548</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	---	--	--

9. Name and Address of Current Registered Agent <b>LAW OFFICES OF STUART R. MORRIS PA 2000 GLADES ROAD STE. 416 BOCA RATON FL 33431</b>	10. Name and Address of New Registered Agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GLASER, SUSAN 4410 N. STATE ROAD, 7, BLDG., J, #303 FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP BRONSON, JO 309 SE 18TH STREET FT. LAUDERDALE, FL 33316 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VPD BRONSON, JO 309 SE 18TH STREET FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	1VPD SCAVRON, CHERYL 7600 WILES RD., STE. C. CORAL SPRINGS, FL 33017 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCHWARTZ, HOWARD 5130 LINTON BLVD., #B-3 DELRAY BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VPD MOLANDER, RICHARD 4019 CORAL SPRINGS DR CORAL SPRINGS, FL 33065 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOLANDER, RICHARD 800 FAIRWAY DR., STE. 250 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD KAPLAN, GAIL C. 5100 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33309 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RSD WILSON, ROSE 7101 W. COMMERCIAL BLVD., SUITE 4-D FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	RSD ALBANO, CARLA 7314 W. 5 STREET PLANTATION, FL 33317 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CSD SCAVRON, CHERYL 7600 WILES ROAD CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	CSD YABLONSKY, ROBIN 1380 N. UNIVERSITY DR. PLANTATION, FL 33322 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>

14. I do 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: Gail C. Kaplan (GAIL C. KAPLAN) 4/30/97 (954) 474-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037747

CR2E037 (9/96)