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Jan 27 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 # N43637 (0)
 1. Corporation Name
ELDER SERVICES RESOURCE NETWORK, INC.



Principal Place of Business		Mailing Address	
P. O. BOX 450537 SUNRISE FL 33345-0537 US		P. O. BOX 450537 SUNRISE FL 33345-0537 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

3. Date Incorporated or Qualified
05/28/1991

4. FEI Number **65-0418548** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

LAW OFFICES OF STUART R. MORRIS PA
2000 GLADES ROAD
STE. 416
BOCA RATON FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	TD	<input type="checkbox"/>
NAME	KAPLAN, GAIL C	
STREET ADDRESS	5100 W COMMERCIAL BLD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/>
NAME	BRONSON, JO	
STREET ADDRESS	200 SE 18TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	RSD	<input type="checkbox"/>
NAME	ALBANO, CARLA	
STREET ADDRESS	7368 NW 5 ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/>
NAME	MOLANDER, RICHARD	
STREET ADDRESS	4019 CORAL SPRINGS DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	CSD	<input type="checkbox"/>
NAME	YABLONSKY, ROBIN	
STREET ADDRESS	1380 N UNIVERSITY DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input type="checkbox"/>
NAME	SCAVRON, CHERYL	
STREET ADDRESS	7600 WILES RD, C	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33319	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	PLANTATION, FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP	PLANTATION, FL 33317	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE REQUIRED 1/12/98 (954) 484-4200

CR2E087 (10/97)