## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P98000020889

## FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90009 033 \*\*\*150.00

ELDERF	RIEND, INC.					4	<b>'</b>	·			
Principal Place			ng Address								
8864 SOUTHWEST 18TH ROAD BOCA RATON FL 33433 BOCA RATON FL 33433											
DOOR HATON FE 30450								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								03/04/1998			<del></del>
2. Principal Pl	lace of Business	2a. M	lailing Address					4. FEI Number		<u> </u>	Applied For
21		26						65-0822300			Not Applicable  5 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.					<ol><li>Certificate of Status Desired</li></ol>			Required
City & State			City & State					6. Election Campaign Financing			00 May Be
23	-	28	,					Trust Fund Contribution			ed to Fees
Zip	Country	Ž	ip	Cou	intry	r		8. This corporation owes the curre	ent year _	_/	
24	25	29		30				Intangible Personal Property.	<u> </u>	Yes	No No
	9. Name and Address of Curren	t Register	red Agent		L.,	1		10. Name and Address of New R	egistered .	Agent	
001	DODATION CEDIACE COMPANI	,			81	Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptab			ble)		•
TALLAHASSEE FL 32301-2525			!								<del></del>
174	EN MODEL   E DEGO I ESES				83						
					84	City			FL	85 Z	Zip Code
11. Pursuant	to the provisions of sections 607.050	2 and 607.	1508, Florida Statute	s, the ab	ove-	-named o	corpora	tion submits this statement for the pu	mose of ch	anging its	s registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida.	. Such change was a	authorize	d by	the com	poration	's board of directors. I hereby accep	t the appoir	ntment as	s registered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if ap	pticable. (NO	OTE: Registe	ered A	gent signati	ure require	ed when reinstating)	DATE	11.50.4	
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OF	ICERS AN	D DIREC	CTORS IN 12
TITLE	Р		DELETE	1.1 Ti	TLE.				į	Chang	ge 🔲 Addition
NAME	rodriguez, John H			1.2 N	AME						
STREET ADDRESS	8864 SOUTHWEST 18TH ROA	<b>D</b>		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433				TY-S1	T-ZIP	<b>. -</b>			<del></del>	<u> </u>
TITLE	PODDIOUEZ MAUDEEN O		☐ DELETE	2.1 TI						Chang	ge Addition
NAME	RODRIGUEZ, MAUREEN C 8864 SOUTHWEST 18TH ROA	<b>.</b> D		2.2 N	_	r annorcee					
STREET ADDRESS	BOCA RATON FL 33433	W .				TADDRESS					
CITY-ST-ZIP TITLE	BOOK RATOR FE 33433	~====	DELETE	3.1 TI	ITY-\$1 TLE	1-211				Chang	ge Addition
NAME			DECE IE	3.2 N							,,
STREET ADDRESS			•	3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4 C	ITY-S1	T-ZIP					
TITLE			DELETE	4.1 TI	TLE			<del></del>		Chang	ge Addition
NAME				4.2 N	AME						
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP					TY-ST	T-ZIP	1			<del></del>	
TITLE			DELETE	5.1 Ti						Chan	ge L. Addition
NAME				5.2 N							
STREET ADDRESS						ADDRESS					
City-ST-ZIP TITLE			Delete	5.4 C	ITY-ST	1-411				Chan	ge Addition
NAME			☐ DELÉTÉ	6.2 N						Chang	ge 🗀 Muulii()()
STREET ADDRESS				1		TADDRÉSS					
CITY-ST-ZIP				1	ITY-ST						
14. I hereby co	l ertify that the information supplied with	this filing	does not qualify for t	he exem	ption	n stated i	in section	on 119.07(3)(i), Florida Statutes. I fur	her certify	that the in	nformation
an officer of	on this annual report or supplemental or director of the corporation or the re	ceiver or t	rustee empowered t	rate and o execute	tnat e this	my sign s report :	ature s as requ	naii nave the same legal effect as if iired by Chapter 607, Florida Statute	made unde s; and that	ா oain; th my name	aci am appears
in Block 12	2 or Block 13 if changed, or on an att	achment w	ith an address.				,				
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SIGNATURE:

P98 000020889

DASZKAL, BOLTON, MANELA, DEVLIN & CO.

CERTIFIED PUBLIC ACCOUNTANTS
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

2401 N.W. BOCA RATON BOULEVARD, SUITE 100 BOCA RATON, FLORIDA 33431
TELEPHONE (561) 367-1040 FAX (561) 750-3236

JEFFREY A: BOLTON, CPA, P.A. MICHAEL I. DASZKAL, CPA, P.A. ROBERT A. MANELA, CPA, P.A. TIMOTHY R. DEVLIN. CPA, P.A. MICHAEL S. KRIDEL, CPA, P.A. MEMBER OF THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

August 25, 1999

Division of Corporations

Annual Reports Filings

P.O. Box 1500

Tallahassee, Florida 32302-1500

Re: Elderfriend, Inc.
Annual Corporate Report

To Whom It May Concern:

Enclosed please find the 1999 Profit Corporation Annual Report for Elderfriend, Inc.

We have enclosed our check for the amount of \$150. Due to the fact that this is a newly incorporated business, the client was unaware that the Annual Corporate Report should be filed by May 1, 1999. The client did not receive the original notice to file this report. The client brought the second notice to file to our attention. The non-filing of the original notice to file was not willful and future reports will be filed timely.

Thank you for your attention to this matter. If you have any questions or comments, please feel free to contact our office.

Sincerely,

Timothy R. Devlin, CPA