

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90150 026 ****61.25

DOCUMENT # 734960

1. Corporation Name

MEALS ON WHEELS FOR THE AGED SHUT-INS, INC.

Principal Place of Business
2030 S. OCEAN DR., APT. 414
HALLANDALE FL 33009

Mailing Address
2030 S. OCEAN DR., APT. 414
HALLANDALE FL 33009



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/12/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1680679	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GALUTEN, MRS. HORTENSE
2030 S OCEAN DR
APT. 414
HALLANDALE FL 33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	
NAME	GALUTEN, HORTENSE	1.2 NAME	
STREET ADDRESS	2030 S. OCEAN DR. #414	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	FRUMKIN, AARON	2.2 NAME	
STREET ADDRESS	1985 S OCEAN DR #2N	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	GUSTEN, EDWARD	3.2 NAME	
STREET ADDRESS	2030 S OCEAN DR #1707	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	PERLMAN, STANLEY	4.2 NAME	
STREET ADDRESS	2030 S. OCEAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	KRONENGOLD, BETTY	5.2 NAME	
STREET ADDRESS	1825 S OCEAN DR. #501	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE REQUIRED

3/10/99

954-454-1081

Date

Daytime Phone #

CR2E037 (1/98)