

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750696 (7)  
1. Corporation Name  
**AID FOR THE AGED, INC.**



Principal Place of Business: 2255 GLADES ROAD, 340 W ATTN: ATTY ALBERT GORTZ BOCA RATON FL 33431 US  
Mailing Address: 2255 GLADES ROAD, SUITE 340 W. C/O ATTY ALBERT GORTZ BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 01/22/1980  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1972574  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
**GORTZ, ALBERT W.  
2255 GLADES ROAD, 340W  
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  
85 Zip Code **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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUDNER, GALE	
STREET ADDRESS	791 PARK AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	Trustee	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, RICHARD	
STREET ADDRESS	2520 LAGUNA TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEIDMAN, EMMANUEL	
STREET ADDRESS	1180 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VSO Trustee	<input type="checkbox"/> DELETE
NAME	GORTZ, ALBERT W.	
STREET ADDRESS	2255 GLADES RD 340 W	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINKELSTEIN, SUSAN	
STREET ADDRESS	2520 LAGUNA TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	Treasurer, Trustee	<input type="checkbox"/> DELETE
NAME	MELTZER, ROBERT M.	
STREET ADDRESS	1020 FIFTH AVE	
CITY-ST-ZIP	NEW YORK NY 10111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUDNER, GALE	
1.3 STREET ADDRESS	791 Park Avenue	
1.4 CITY-ST-ZIP	New York, NY 10021	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SADIN, Samuel	
3.3 STREET ADDRESS	6 Peter Lane	
3.4 CITY-ST-ZIP	New Hyde Park, NY 10040	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MELTZER, Bruce	
5.3 STREET ADDRESS	2599 Route 112	
5.4 CITY-ST-ZIP	Medford, NY 11763	
6.1 TITLE	50000182050	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-05/14/96--01069--035	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert M. Meltzer Date: April 10, 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert M. Meltzer  
212-586-8511

CR2E037 (12/95)