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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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, 340 W ATTN: ATTY ALBERT GORTZ BOCA RATON FL 33431-7390 US
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3. Date Incorporated or Qualified 01/22/1980	3a. Date of Last Report 05/14/1996
4. FEI Number 59-1972574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

TITLE	PT	<input type="checkbox"/> DELETE
NAME	BURDNER, GALE	
STREET ADDRESS	791 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, RICHARD	
STREET ADDRESS	2520 LAGUNA TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SEIDMAN, EMMANUEL	
STREET ADDRESS	6 PETER LANE	
CITY-ST-ZIP	NEW HYDE PARK NY 10040	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GORTZ, ALBERT W.	
STREET ADDRESS	2255 GLADES RD 340 W	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MELTZER, BRUCE	
STREET ADDRESS	2599 RT. 112	
CITY-ST-ZIP	MEDFORD NY 11763	
TITLE	T	<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	P, TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRUDNER, GALE	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TR	<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 11040	
4.1 TITLE	VP, S, TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T, TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	630 FIFTH AVENUE	
6.4 CITY-ST-ZIP		

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: Robert Meltzer **REQUIRED** ROBERT MELTZER **Treasurer** Date April 2, 1997 212-586-8511 Daytime Phone # 0038671

CR2E037 (9/96)