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Apr 28 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 # 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 US
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3. Date incorporated or Qualified
01/22/1980

4. FEI Number
59-1972574

Applied For
 Not Applicable

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT BURDNER, GALE	1.1 TITLE	PT BRUDNER, GALE
NAME	791 PARK AVE	2.2 NAME	2288 GOLFBROOK DR.
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	WELLINGTON, FL 33414
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T FINKELSTEIN, RICHARD	2.1 TITLE	T SAUL, ANDREW
NAME	2520 LAGUNA TERRACE	2.2 NAME	630 FIFTH AVENUE - STE 2518
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	NEW YORK, NY 10111
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T SADIN, SAMUEL	3.1 TITLE	
NAME	6 PETER LANE	3.2 NAME	
STREET ADDRESS	NEW HYDE PARK NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPST GORTZ, ALBERT W.	4.1 TITLE	
NAME	2255 GLADES RD 340 W	4.2 NAME	
STREET ADDRESS	BOCA RATON, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP MELTZER, BRUCE	5.1 TITLE	
NAME	2599 RT. 112	5.2 NAME	
STREET ADDRESS	MEDFORD NY 11763	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TT MELTZER, ROBERT M	6.1 TITLE	
NAME	630 5TH AVE	6.2 NAME	
STREET ADDRESS	NEW YORK NY	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.	
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SIGNATURE: *Robert Meltzer* **ROBERT MELTZER** 2/28/98

CP2E037 (10/97)