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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 750696

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/22/1980

4. FEI Number

59-1972574

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE PT DELETE
NAME BRUDNER, GALE
STREET ADDRESS 2288 GOLFBROOK DRIVE
CITY-ST-ZIP WELLINGTON FL 33414

TITILE T DELETE
NAME FINKELSTEIN, RICHARD
STREET ADDRESS 2520 LAGUNA TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL

TITILE T- DELETE
NAME SAUL, ANDREW
STREET ADDRESS 630 FIFTE AVNEUE STE 2518
CITY-ST-ZIP NEW YORK NY 10111

TITILE VPST DELETE
NAME GORTZ, ALBERT W.
STREET ADDRESS 2255 GLADES RD 340 W
CITY-ST-ZIP BOCA RATON, FL 00000

TITILE VP DELETE
NAME MELTZER, BRUCE
STREET ADDRESS 2599 RT. 112
CITY-ST-ZIP MEDFORD NY 11763

TITILE TT DELETE
NAME MELTZER, ROBERT M
STREET ADDRESS 630 5TH AVE
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 9 WEST 57th STREET - SUITE 3405
3.4 CITY-ST-ZIP NEW YORK, NY 10019

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS 600 MADISON AVENUE - 23RD FLOOR
6.4 CITY-ST-ZIP NEW YORK NY 10022

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iv) 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

ROBERT M. MELTZER 4/6/99

212-829-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037-11/98