

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761092 (6)
1. Corporation Name
THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.



Principal Place of Business Mailing Address
1 W CAMINO REAL BY #207 BOCA RATON FL 33432

3. Date Incorporated or Qualified **02/02/1982** 3a. Date of Last Report **03/06/1995**

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

4. FEI Number **59-2177813** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HAMBURG, HAROLD
6751 E POINTE PINE ST
PALM BCH GARDENS FL 33418**

10. Name and Address of New Registered Agent
81 Name **MURRAY Rosenberg**
82 Street Address (P.O. Box Number is Not Acceptable) **5450 E. VERONEA Drive**
83 **Boynton Beach**
84 City **FL** 85 Zip Code **33437**

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]* **president/D** DATE **4/25/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAMBURG, HAROLD	
STREET ADDRESS	6751 E POINTE PINES ST	
CITY-ST-ZIP	PALM BCH GONS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAPIRO, GERALD	
STREET ADDRESS	13623- C VIA AURORA	
CITY-ST-ZIP	DELRAY BEACH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, LEONARD S.	
STREET ADDRESS	1180 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISLER, ROBERT	
STREET ADDRESS	17870 STONE BRIDGE CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	A	<input checked="" type="checkbox"/> DELETE
NAME	LIMA, KATHERINE A	
STREET ADDRESS	828 E PALM RUN DR	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURRAY Rosenberg	
1.3 STREET ADDRESS	5450 E. VERONEA Drive	
1.4 CITY-ST-ZIP	Boynton Beach, FL. 33437	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Denise Jerrold	
2.3 STREET ADDRESS	140 SE. FIFTH AVE., #347	
2.4 CITY-ST-ZIP	Boca Raton, FL. 33432	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Leonard Adler	
3.3 STREET ADDRESS	7887 GOLF CIRCLE Drive	
3.4 CITY-ST-ZIP	margate, FL. 33063	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Harry Mackler	
4.3 STREET ADDRESS	11050 Boca woods Lane	
4.4 CITY-ST-ZIP	Boca Raton, FL. 33428	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	500001830111	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	05/20/96---01065---00	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP	5-20-96	

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, and 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4/25/96** DAYTIME PHONE # **(407) 738-9697**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)