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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 BV #207 BOCA RATON FL 33432

3. Date Incorporated or Qualified 02/02/1982
3a. Date of Last Report 05/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2177813	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENBERG, MURRAY 5450 E. VERONEA DR. BOYTON BCH. FL 33437	81 Name ROSENBERG, MURRAY 82 Street Address (P.O. Box Number is Not Acceptable) 5450 E. VERONA DRIVE 83 84 City BOYNTON BEACH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ROSENBERG, MURRAY	1.2 NAME	ROSENBERG, MURRAY
STREET ADDRESS	5450 E. VERONEA DR.	1.3 STREET ADDRESS	5450 E. VERONA DRIVE
CITY-ST-ZIP	BOYNTON BCH. FL 33437	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T	2.1 TITLE	
NAME	JERROLD, DENISE	2.2 NAME	
STREET ADDRESS	140 S.E. FIFTH AVE. #347	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	ADLER, LEONARD	3.2 NAME	
STREET ADDRESS	7887 GOLF CIRCLE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MACKLER, HARRY	4.2 NAME	
STREET ADDRESS	11050 BOCA WOODS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or on an attachment with an address.

SIGNATURE _____ MURRAY ROSENBERG 2/18/97 (561) 395-2793

CR2E037 (9/96)