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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761092 (6)

1. Corporation Name
THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.



Principal Place of Business 1 W CAMINO REAL BV #207 BOCA RATON FL 33432	Mailing Address 1 W CAMINO REAL BV #207 BOCA RATON FL 33432
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3. Date Incorporated or Qualified 02/02/1982	
4. FEI Number 59-2177813	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

**ROSENBERG, MURRAY
5450 E. VERONA DRIVE
BOYTON BCH. FL 33437**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Harry Mackler* **PRESIDENT** **1/7/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, MURRAY	
STREET ADDRESS	5450 E. VERONA DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JERROLD, DENISE	
STREET ADDRESS	140 S.E. FIFTH AVE. #347	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, LEONARD	
STREET ADDRESS	7887 GOLF CIRCLE DR.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACKLER, HARRY	
STREET ADDRESS	11050 BOCA WOODS LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARRY MACKLER
1.3 STREET ADDRESS	11050 BOCA WOODS LANE
1.4 CITY-ST-ZIP	BOCA RATON FL 33428
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELLIOTT BRODY
2.3 STREET ADDRESS	801 CARAWAY COURT
2.4 CITY-ST-ZIP	WELLINGTON, FL 33414
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALAN ROSEN
3.3 STREET ADDRESS	22753 ROYAL CROWN TERRACE EAST
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARVIN AARON
4.3 STREET ADDRESS	1000 N. U.S. Hwy 1 - JAMAICA 301
4.4 CITY-ST-ZIP	SUPITER, FL 33477
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Harry Mackler* **1/7/98** **11050 BOCA WOODS LANE**

CFR2E037 (10/97)