

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90229 011 ****61.25

DOCUMENT # 761092

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



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

02/02/1982

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

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

BOCA RATON

FL

85 Zip Code

33428

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

HARRY MACKLER, President
(NOTE: Registered Agent signature required when reinstating)

DATE
1/19/99

12. OFFICERS AND DIRECTORS

T
NAME
ELLIOTT, BRODY
STREET ADDRESS
801 CARAWAY CT
CITY-ST-ZIP
WELLINGTON FL 33414

T
NAME
ROSEN, ALAN
STREET ADDRESS
22753 ROYAL CROWN TERRACE E
CITY-ST-ZIP
BOCA RATON FL 33433

T
NAME
AARON, MARVIN
STREET ADDRESS
1000 N US HWY 1-JAMAICA 301
CITY-ST-ZIP
JUPITER FL 33477

D
NAME
MACKLER, HARRY
STREET ADDRESS
11050 BOCA WOODS LANE
CITY-ST-ZIP
BOCA RATON FL 33428

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Harry Mackler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE
1/19/99
Daytime Phone #
361 395 2723

CR2E037 (11/98)