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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764812

1. Corporation Name

ELDERLY INTEREST FUND, INC.

Principal Place of Business

5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309
US

Mailing Address

5101 NW 21ST AVENUE
#510
FT. LAUDERDALE FL 33309
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/02/1982

4. FEI Number

59-2236796

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

ARMSTRONG, JUDITH
5101 NW 21ST AVENUE
SUITE 510
FT. LAUDERDALE FL 33309

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

TITLE V
NAME FEILER, ELLEN G.
STREET ADDRESS 2421 S.W. 6TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
NAME PETERSON, CYNTHIA
STREET ADDRESS 5101 NW 21ST AVE 440
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME SHAPIRO, BEVERLY
STREET ADDRESS 7383 ORANGEWOOD LANE
CITY-ST-ZIP BOCA RATON FL

TITLE P
NAME FALCK, WALTER
STREET ADDRESS 115 S. ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VD
NAME ACEVEDO, JEAN
STREET ADDRESS 777 FLAGLER DR
CITY-ST-ZIP PALM BEACH FL

TITLE D
NAME GLASSER, EVELYN
STREET ADDRESS 2698 OAKMONT
CITY-ST-ZIP FT. LAUDERDALE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

5101 NW 21st Ave. #510
Ft. Lauderdale, FL 33309

5000 Blue Lake Drive #200
Boca Raton, FL 33431

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:

Signature of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/1/99 (154) 9019 Daytime Phone # 735

CR2E037 (11/98)