## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90032 021 \*\*\*150.00

DOCUMENT # G87965  1. Corporation Name GENERATIONS, INC.							
GENERA							
Principal Place of Business Mailing Address					ווסום וווה ומונק מונקו מוספו ונותו ומעל לווומאל ו	ÖLƏLİ DEBİL BIƏLI BI	BII 010111001
7773 CHARNEY LANE 7773 CHARNEY LANE							
BOCA RATON FL 33496 BOCA RATON FL 33496					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		•
					01/23/1984		
Principal Place of Business     2a. Mailing Address					4. FEI Number		olied For
21		26		59-2367758	Not Applicable \$8.75 Additional		
Suite, Apt.	#, etc.	· ' ' '	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	·
¬ '		28			Trust Fund Contribution	Added to	•
23   Zip	Country Zip		Country		8. This corporation owes the current year In	ntangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	i Agent	
201	10FF 00416		8	Name			
DONOFF, CRAIG				Street Add	ress (P.O. Box Number is Not Acceptable)		
6100 GLADES RD			-				
SUITE 204 BOCA RATON FL 33434			*	13			
ĐƯƯ	A RATON FL 33434		8	14 City	F	85 Zip C	Code
·		00+ CO7 1EOR Florido Statute	the obs	wo named corr	poration submits this statement for the purpose of	f changing its	registered
office or n	egistered agent, or both, in the State	e of Florida. Such change was at	Jinorizea d	sy the corporati	on's board of directors. I hereby accept the app	ointment as req	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statute	es.			1
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered A	gent signature require	ed when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PST	☐ DELETE	1.1 TITLS	E		Change	☐ Addition
NAME	LEVY, JUDITH		1.2 NAM	E	•		
STREET ADDRESS	7773 CHARNEY LANE		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY	-ST-ZIP	- Library		D Addition
TITLE	D DELETE 2:		2.1 TITL	E		Change	☐ Addition
NAME	LEVY, JUDITH		2.2 NAM	!			
STREET ADDRESS	1111		2.0	EET ADDRESS	,		
CITY-ST-ZIP	BOCA RATON FL	— Driete	_	Y-ST-ZIP		[] Change	Addition
TITLE	VD DELETE		3.1 TITL			المارين ال	_,
NAME	LEVY, HERBERT 7773 CHARNEY LANE		3 2 NAM	1	,		
STREET ADDRESS				EET ADDRESS (- ST-ZIP			
CITY-ST-ZIP	BOCA RATON FL CEO	DELETE	4.1 TITL		·	Change_	Addition
NAME	LEVY, HERBERT		4.2 NAM				
STREET ADDRESS				EET ADDRESS	,		
CITY-ST-ZIP	BOCA RATON FL			-ST-ZIP			
TITLE		☐ DELETE	5.1 TITU			Change	☐ Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		. DELETE	6.1 TITL			Change	Addition
NAME			6.2 NAM				ļ
STREET ADDRESS	İ		6.3 STR	EET ADDRESS			

14. 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 607, 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: