FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

MAY -1 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H75968** **(8)**

1. Current Name

AMERICAN ASSOCIATION OF SENIOR PERSONS, INC.

Principal Place of Business	Mailing Address
% ALAN J. WERKSMAN 160 SW 12 AVE. ~~S-109~~ DEERFIELD BEACH FL 33442	% ALAN J. WERKSMAN 160 SW 12 AVE. ~~S-109~~ DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3014982	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite 101B	27 Suite 101B
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WERKSMAN, ALAN J. 160 SW 12 AVE SUITE ~~109~~ 101B DEERFIELD BEACH FL 33442-3102	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 Section(s) 607.0502 and/or 607.1508, 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(s) 607.0505, Florida Statutes.

SIGNATURE (Typed or printed name of person signing) (If registered agent, signature required below) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
TYPE T NAME DICKSTEIN, MYRON STREET ADDRESS 175 E 74TH ST #6B CITY-ST-ZIP NEW YORK NY	1. TYPE ☐ Change ☐ Addition 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TYPE DP NAME ROSENTHAL, LAWRENCE M STREET ADDRESS 10275 COLLINS AVENUE #1109 CITY-ST-ZIP BAL HARBOUR FL	1. TYPE ☐ Change ☐ Addition 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TYPE S NAME BERNSTEIN, JOYCE STREET ADDRESS ~~2285 PINEWALK DR N~~ CITY-ST-ZIP ~~MARGATE FL~~	1. TYPE ☐ Change ☐ Addition 2. NAME 3. STREET ADDRESS 10275 Collins Avenue - #1109 4. CITY-ST-ZIP Bal Harbour, FL 33154
TYPE NAME STREET ADDRESS CITY-ST-ZIP	1. TYPE ☐ Change ☐ Addition 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	5. TYPE ☐ Change ☐ Addition 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP
TYPE NAME STREET ADDRESS CITY-ST-ZIP	9. TYPE ☐ Change ☐ Addition 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is absolutely true and correct, as per the requirements stated in Section 119.07(5)(k), 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 1 or Block 11 above or on an attachment with an addition.

SIGNATURE: L. M. Rosenthal 4/26/95 (305) 866-1719
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone Number)

0284317 CP