

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L88703** (8)

1. Corporation Name

BETTER AGE, INC.

Principal Place of Business

**4310 SHERIDAN ST
#202
HOLLYWOOD FL 33021
US**

Mailing Address

**4310 SHERIDAN ST
#202
HOLLYWOOD FL 33021
US**

APPROVED
AND
FILED

95 MAY -1 AM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

02/25/1994

4. FEI Number

65-0223255

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 § 199.002,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNN, JOSEPH ERIC
2901 STIRLING ROAD #200
FT LAUDERDALE FL 33312**

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 607.0502 and 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	JOSEPH ERIC LYNN
STREET ADDRESS	6600 SW 41 ST.
CITY, ST, ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY, ST, ZIP	
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY, ST, ZIP	
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked quickly for the exemption stated in Section 199.002, Florida Statutes. Further, I certify that the information included on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 5-24

[Signature] 5-24