FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N94000000382 (1)**

1. Corporation Name

SENIOR THRIFT SHOP, INC.

Principal Place of Business	Mailing Address
3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH FL 33069	3500 GATEWAY DRIVE SUITE 201 POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report: 09/21/1995

2. Principal Place of Business	2a. Mailing Address
21 3718 N W Oakland Park Blvd	26 3718 N W Oakland Park Blvds
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lauderdale Lakes FL	28 City & State: Lauderdale Lakes, FL
24 Zip: 33311 25 Country: Broward	29 Zip: 33311 30 Country: Broward

4. FEI Number: 65-0464179 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINEBERG, LIBO B., ESQ.
3500 GATEWAY DRIVE, SUITE 201
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: Weiss, Ricky Esq
82 Street Address (P.O. Box Number is Not Acceptable): 5701 N. Pine Island Road
83: Tamarac, Florida
84 City: FL 85 Zip Code: 33321

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] 4/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEVINSON, JUDY		1.2 NAME		
STREET ADDRESS	3500 GATEWAY DR., SUITE 201	7471 Nw 41 Ct	1.3 STREET ADDRESS	5701 N Pine Island Road	
CITY-ST-ZIP	POMPANO BEACH FL 33069	Lauderhill Fl 333	1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILD, HENNY		2.2 NAME		
STREET ADDRESS	3500 GATEWAY DR., SUITE 201	Orchard Trace	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	TAMARAC FL 333	2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TASK, SHIRLEY		3.2 NAME		
STREET ADDRESS	3500 GATEWAY DR., SUITE 201	5203 Australian	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069	Tamarac FL	3.4 CITY-ST-ZIP	33319	
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FINEBERG, LIBO B		4.2 NAME	300001872713	
STREET ADDRESS	3500 GATEWAY DR., SUITE 201		4.3 STREET ADDRESS	-06/24/96--01025--040	
CITY-ST-ZIP	POMPANO BEACH FL 33069		4.4 CITY-ST-ZIP	***61.25	
TITLE	DS	☒ DELETE	5.1 TITLE	Judy Henry DS	☐ Change ☒ Addition
NAME	BEORGEN, HERBERT		5.2 NAME		
STREET ADDRESS	3500 GATEWAY DR., SUITE 201		5.3 STREET ADDRESS	11917 NW 24 St	
CITY-ST-ZIP	POMPANO BEACH FL 33069		5.4 CITY-ST-ZIP	Coral Springs FL 33065	
TITLE	DT	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	COHN, ELAINE		6.2 NAME	Barry Goldstein	
STREET ADDRESS	3500 GATEWAY DR., SUITE 201	5341 SW 21 Ct	6.3 STREET ADDRESS	8490 N Os De Camp Blvd	
CITY-ST-ZIP	POMPANO BEACH FL 33069	Plantation FL 3331	6.4 CITY-ST-ZIP	Tamarac, FL 33321 DV	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Levinson President 4/25/96 (954)742-0341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #