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
3500 GATEWAY DRIVE
SUITE 201
POMPANO BEACH FL 33069

Mailing Address
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
21 3718 N W Oakland Park Blvd
Suite, Apt. #, etc. 22
City & State 23 Lauderdale Lakes FL
Zip 24 33311 Country 25 Broward

2a. Mailing Address
26 3718 N W Oakland Park Blvd
Suite, Apt. #, etc. 27
City & State 28 Lauderdale Lakes, FL
Zip 29 33311 Country 30 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 (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	LEVINSON, JUDY	3500 GATEWAY DR., SUITE 201 7471 NW 41 CT	POMPANO BEACH FL 33069 Lauderhill FL 333	☐
DV	WILD, HENNY	3500 GATEWAY DR., SUITE 201 Orchard Trace Lane	POMPANO BEACH FL 33069 TAMARAC FL 33319	☐
DV	TASK, SHIRLEY	3500 GATEWAY DR., SUITE 201 5203 Australian Pine Dr	POMPANO BEACH FL 33069 Tamarac FL 33319	☐
DV	FINEBERG, LIBO B	3500 GATEWAY DR., SUITE 201	POMPANO BEACH FL 33069	☐
DS	BEORGEN, HERBERT	3500 GATEWAY DR., SUITE 201	POMPANO BEACH FL 33069	☒
DT	COHN, ELAINE	3500 GATEWAY DR., SUITE 201 5341 SW 21 CT	POMPANO BEACH FL 33069 Plantation FL 3331	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE			☒ Change	☐ Addition
1.2 NAME				
1.3 STREET ADDRESS	5701 N Pine Island Road			
1.4 CITY-ST-ZIP				
2.1 TITLE			☐ Change	☐ Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE			☐ Change	☐ Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE	300001872773		☐ Change	☐ Addition
4.2 NAME	-06/24/96--01025--040			
4.3 STREET ADDRESS	***61.25			
4.4 CITY-ST-ZIP				
5.1 TITLE	Judy Henry DS		☐ Change	☒ Addition
5.2 NAME	11917 NW 24th St			
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP	Coral Springs FL 33065			
6.1 TITLE	Berna Goldberg		☐ Change	☒ Addition
6.2 NAME	8430 Nobs De Campo Blvd			
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP	Tamarac, FL 33321 DV			

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 #

CR2E037 (12/95)