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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000382 (1)

SENIOR THRIFT SHOP, INC.

Principal Place	e of Business	Mailing Address						1 00100 H101 H	911 9 (481 (481		
3718 W. OAKLAND PK BLVD LAUDERDALE LAKES FL 33311		3718 W. OAKLAND PK BLVD LAUDERDALE LAKES FL 33311-1151									
							3. Date Incorporated or Qualified 01/26/1994	3a. Dat	6/22/199	eport }6	
2. Principal Pl	lace of Business	2a. Mailing Address 26					4. FEI Number 65-0464179		-	oplied For of Applicable	
Suite, Apt.		Suite, Apt. #, etc.	27				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State	9	Crty & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Zip 29	Соц 30	ıntry			This corporation has liability for in Florida Statutes	ntangible t		. 199.032,	
	9, Name and Address of Current		1221	I			10. Name and Address of New Reg				
				81	Name						
WEISS, RICKY ESQ				82	Street	Addres	s (P.O. Box Number is Not Acceptab	(e)	, ,		
5701 N. I			63								
Transa wa	016 00021			84	City				et 7in i	Codo	
					•			FL		Code	
 Pursuant to office or re 	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	end 617.1508, Florida Statuti of Florida, Such change was a	es, the al	bove d by	named the core	corpor	ation submits this statement for the prints board of directors. I hereby accep	urpose of	changing it	s registered registered	
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, typed or printed name of registered agen	Clarie C	<i>D / J / J</i> E Registere	d Age	nt signature	required	when reinstating)	DATE			
12.	OFFICERS AND		13.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
TITLE	DP	☐ DELETE	1.1 [[TLE					Change	Addition	
NAME	LEVINSON, JUDY		1.2 N	AME							
STREET ADDRESS	7481 NW 41ST CT			1.3 STREET ADDRESS							
CITY-ST-ZIP	LAUDERHILL FL 33319 DV ### DELETE			1.4 CITY-ST-ZiP						1 4 4 102	
TITLE NAME	DV DELETE WILD, HENNY			2.1 TITLE				I	Change	Addition	
STREET ADDRESS	ORCHARD TREE LANE	2.2 NAME 2.3 STREET ADDRESS									
DITY-ST-ZIP	TAMARAC FL 33319		2.4 CITY-ST-ZIP								
TITLE	DV DELETE			3.1 TITLE					Change	Addition	
NAME	TASK, SHIRLEY		3.2 N/	AME						_	
STREET ADDRESS	5803 AUSTRAILIAN PINE DRIV	E	3.3 \$1	TREET	ADDRESS]	
CITY-ST-ZIP	TAMARAC FL 33319		3.4. C	ITY-S	T-21P					ĺ	
TITLE	DS DELETÉ			4.1 TITLE				l	Change	Addition	
NAME	HENRY, JUDY		4. 2 N	IAME							
STREET ADDRESS	11917 NW 24TH ST				ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33065 DV	DELETE	_	TY-S	r-ZIP			·····	Change	Addition	
THILE	FINEBERG, LIBO B	☐ percit	5.1 TV 5.2 N/					'	Change	L.J ADDITION	
STREET ADDRESS	3500 GATEWAY DR., SUITE 20	n 1			ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL 33069	· -		ITY-S						ŀ	
THTLE	DT	☐ DELETE	6.1 Tr			 			Change	Addition	
NAME	COHN, ELAINE		6.2 N/	AME			•		-		
STREET ADDRESS	5341 SW 21 CT		6.3 S	TREET	adoress					ĺ	
CITY-ST-ZIP	PLANTATION FL 33317			TY-S							
information	by certify that the information supplied in indicated on this annual report or sufficer or director of the corporation or in Block 12 or Block 13 if changed, or the corporation of the corporation or the block 12 or Block 13 if changed, or the corporation of th	applemental annual report is to the receiver or trustee empow	rue and a rered to e	accu	rate and	i that m	ly signature shall have the same legal	effect as	if made und	der oath: that I	
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