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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005985 (5)

1. Corporation Name

FIFTY OVER FIFTY, INC.



Principal Place of Business

Mailing Address

**3525 BAYSHORE VILLAS DR
MIAMI FL 33133**

**3525 BAYSHORE VILLAS DR
MIAMI FL 33133-3254**

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADORSKY, MARSHA
2665 S BAYSHORE DR
SUITE 600
MIAMI FL 33133**

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 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 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 **D** ☐ DELETE
NAME **MELIN, OLGA**
STREET ADDRESS **1800 NE 114 ST #1709**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **WEBER, MARJORIE**
STREET ADDRESS **1111 LINCOLN RD**
CITY - ST - ZIP **MIAMI BEACH FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **WEBER, MARJORIE**
2.3 STREET ADDRESS **5237 LA Gorce Drive**
2.4 CITY - ST - ZIP **MIAMI Beach FL 33140**

TITLE **D** ☐ DELETE
NAME **LABBE, BEATRIZ**
STREET ADDRESS **1609 S BAYSHORE DR**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **P** ☐ DELETE
NAME **HOFFMAN, DEBORAH**
STREET ADDRESS **3525 BAYSHORE VILLAS DR**
CITY - ST - ZIP **MIAMI FL 33133**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **1V** ☐ DELETE
NAME **LEVITAN, AIDA**
STREET ADDRESS **3191 CORAL WAY, STE 510**
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **2V** ☐ DELETE
NAME **PRIETO-MAERCKS, NITA**
STREET ADDRESS **2467 S BAYSHORE DR**
CITY - ST - ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Deborah Hoffman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/97 (305) 8587298
Date Daytime Phone # 0026881

CR2E037 (9/96)