

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified
12/18/1995

4. FEI Number	Applied For
65-0630460	Not Applicable

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30,	☐ Yes ☒ No
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9. Name and Address of Current Registered Agent	
MADORSKY, MARSHA 2665 S BAYSHORE DR SUITE 603 MIAMI FL 33133	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONAL OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	D	☐ Change ☒ Addition	
NAME	MELIN, OLGA			1.2 NAME	Litt, Bobbi		
STREET ADDRESS	1800 NE 114 ST #1709			1.3 STREET ADDRESS	2800 Toledo St.		
CITY-ST-ZIP	MIAMI FL 33181			1.4 CITY-ST-ZIP	Coral Gables FL 33134		
TITLE	D	☐ DELETE		2.1 TITLE	D	☐ Change ☒ Addition	
NAME	WEBER, MARJORIE			2.2 NAME	Smith, Joan Deven		
STREET ADDRESS	5237 LA GORCCE DRIVE			2.3 STREET ADDRESS	ONE GROVE ISLE DRIVE		
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CITY-ST-ZIP	MIAMI FL 33133		
TITLE	D	☒ DELETE		3.1 TITLE	D	☐ Change ☒ Addition	
NAME	LABBE, BEATRIZ			3.2 NAME	PAPPER, PATRICIA		
STREET ADDRESS	1609 S BAYSHORE DR			3.3 STREET ADDRESS	ONE GROVE ISLE DRIVE		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI FL 33133		
TITLE	P	☐ DELETE		4.1 TITLE	2V	☐ Change ☒ Addition	
NAME	HOFFMAN, DEBORAH			4.2 NAME	Valdes-Fauli, Louise		
STREET ADDRESS	3525 BAYSHORE VILLAS DR			4.3 STREET ADDRESS	4155 KIMORA ST.		
CITY-ST-ZIP	MIAMI FL 33133			4.4 CITY-ST-ZIP	CORAL GABLES FL 33133		
TITLE	1V	☒ DELETE		5.1 TITLE	D	☐ Change ☒ Addition	
NAME	LEVITAN, AIDA			5.2 NAME	Miller, SUSAN		
STREET ADDRESS	3191 CORAL WAY, STE 510			5.3 STREET ADDRESS	22 STAR ISLAND		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	2V	☐ DELETE		6.1 TITLE	1V	☒ Change ☐ Addition	
NAME	PRIETO-MAERCKS, NITA			6.2 NAME			
STREET ADDRESS	2467 S BAYSHORE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			6.4 CITY-ST-ZIP			

14. I 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, president 1/08/98 305-858-7298

CR2E037 (10/97)

ADDITIONS TO OFFICES AND DIRECTORS in 12

2.1 S

FURMAN, ROSEMARY

7.2

Three Grove Isle Drive

7.3

MIAMI FL 33133

7.4

8.1 T

LAUDY, GAYLE

8.2

9175 Hammock Lake Drive

8.3

Coral Gables FL 33156

8.4