2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90030 029 ****61.85

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1. Entity Name
FIFTY OVER FIFTY, INC.

94058072

Principal Place of Business	Mailing Address
430 GRAND BAY DR. PH2-AS, KEY BISCAYNE, FL 33149	430 GRAND BAY DR., PH2-AS, KEY BISCAYNE, FL 33149

04052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0630460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ - **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CFRA, LLC ONE HARBOR PLACE, 777 S. HARBOUR ISLAND BLVD TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City / Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MELIN, OLGA 1800 NE 114 ST #1709 MIAMI, FL 37181	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEVINE, PAULA 430 GRAND BAY DR., PH2-AS, KEY BISCAYNE, FL 33149
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IBARGUEN, SUSANA THREE GROVE ISLE DR. APT. 202 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEBORAH HOFFMAN 3525 BAYSHORE VILLAS DR. MIAMI, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAPPER PATRICIA 1 GROVE ISLE DR. MIAMI, FL 33183	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T LEONARD MYRNA 12000 N. BAYSHORE DR #403 NORTH MIAMI, FL 33181
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOFFMAN, DEBORAH 3525 BAYSHORE VILLAS DR MIAMI, FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLECHMAN, RACHEL 5250 S.W. 84 ST MIAMI, FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, SUSAN 23 STAR ISLAND MIAMI BCH., FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GARRETT, BARBARA 301 CASUARINA CONCOURSE, CORAL GABLES, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDING-JONES, PATRICIA 1717 N. BAYSHORE DR #1836 MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RANDOLAN, JON J 4814 FISHER ISLAND DRIVE, FISHER ISLAND, FL 33109

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Levine PAULA LEVINE APRIL 9/04 305-448-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #