

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

97 OCT -2 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

N96000004474

THE AGE OF THE NEW. INC.

Principal Place of Business

Mailing Address

1920 E. Hallandale Blvd.
Hallandale, Fl.. 33009

3. Date Incorporated or Qualified

3a. Date of Last Report

8/8/96

2. Principal Place of Business

2a. Mailing Address

21 1920 E. Hallandale
Suite, Apt. #, etc.
22 610

26 1197 Gardenia St.
Suite, Apt. #, etc.
27

4. FEI Number

☒ 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

23 Hallandale, Fl

28 Sebastian, Fl.

24 33009

Country

25 USA/England

29 32958

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ms. Janet Thomas
1920 E. Hallandale, Fl. 33009
Suite 610

81 Name

Mr. Laurel Brown

82 Street Address (P.O. Box Number is Not Acceptable)

1197 Gardenia St.

83

84 City

Sebastian

FL

85 Zip Code
32958

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 MR. LAUREL BROWN

Laurel Brown

9/8/97

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/T Mr. Elton L. Brown ☐ DELETE
NAME CEO
STREET ADDRESS 16919 N. BAY RD./1197 GARDENIA ST.
CITY-ST-ZIP Sebastian, Fl 32958

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

☐ Change ☐ Addition
600002311416--2
-10/03/97--01081--017
*****61.25 *****61.25

TITLE 0 Mrs. I. Fielding ☐ DELETE
NAME Vice-President
STREET ADDRESS 1197 Gardenia St.
CITY-ST-ZIP Sebastian, Fl. 32958

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T Mr. C. Farnsworth ☐ DELETE
NAME Founder/
STREET ADDRESS Cambridge, England N/A
CITY-ST-ZIP

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

☐ Change ☒ Addition
MR. C. FARNSWORTH N/A
38 DRINK WATER RD.
SOUTH HARROW MIDDLESEX HAZOTO UK

TITLE 0 Ms. Janet Thomas ☐ DELETE
NAME Research Director
STREET ADDRESS 981 Lanco
CITY-ST-ZIP Sebastian, Florida 32958

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

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
A. Allen
10/2/97

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: Elton L. Brown ELTON L. BROWN

8/17/97

561-589-7307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)