

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90199 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000062545 1. Corporation Name THE AGELESS FOUNDATION, INC.					
Principal Place of Business 2234 N. FEDERAL HIGHWAY SUITE 494 BOCA RATON FL 33431			Mailing Address 2234 N. FEDERAL HIGHWAY SUITE 494 BOCA RATON FL 33431		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip		
Country USA			Country USA		
3. Date Incorporated or Qualified 07/15/1998			4. FEI Number 65-0850062		
5. Certificate of Status Desired ☐			Applied For Not Applicable \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution ☐			\$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent HALE, ED 2234 N. FEDERAL HIGHWAY SUITE 494 BOCA RATON FL 33431			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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE 			DATE 4/30/99		
Signature, typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
12. OFFICERS AND DIRECTORS TITLE President ☐ DELETE NAME Mr. Ed Hale STREET ADDRESS 4655 NE 5th Ave CITY-ST-ZIP Boca Raton, FL 33431			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)