

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PH 1:34

DOCUMENT # **N27116 (5)**

1. Corporation Name
SENIOR L.I.F.T. CENTER, INC.

Principal Place of Business Mailing Address
8236 MILLS DR. TOWN & COUNTRY MALL MIAMI FL 33183 US
8505 MILLS DR., R4 TOWN AND COUNTRY CENTER MIAMI FL 33183 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/23/1988** 3a. Date of Last Report **03/29/1994**
4. FEI Number **65-1028335** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **8505 Mills Dr., R-4** 26
Suite, Apt. #, etc. 27
22 **Town & Country Center** 27
City & State 28
23 **Miami, Fla.** 28
City & State
24 **33183** 25 **US** 29 **33183** 30 **US**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
POZEN, IRA
9130 S. DADELAND BLVD.
SUITE 1129
MIAMI FL 33156

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **KRAMER, MORRIS**
14201 S.W. 68TH ST., SUITE 204
MIAMI FL
VD **SEGURA, FRANCES M.**
11060 S.W. 57TH ST.
MIAMI FL
T **LEVINE, SARAH**
13715 S.W. 68TH ST.
MIAMI FL
S **HAYS, KAY**
10751 S.W. 117TH ST.
MIAMI FL
S **BURSTEIN, ELEANOR**
1401 S.W. 85TH CT.
MIAMI FL
D **HAYS, KAY**
10781 SW 117 ST.
MIAMI FL

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 **ALEX REIKEN**
3.3 STREET ADDRESS **17123 S.W. 87 AVE.**
3.4 CITY-ST-ZIP **MIAMI, FL. 33157**
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
PLEASE SEE ATTACHED SHEET FOR ALL BOARD MEMBERS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Morris Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-95
Date

598-3036
Typed Name

SENIOR **L.I.T.** CENTER, INC.

* LIVING - INVOLVEMENT - FULFILLMENT - TOGETHERNESS



A NON-PROFIT CORPORATION

CONTINUATION
CORPORATION ANNUAL
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BOARD MEMBERS

Blossom Benjamin	11388 S.W. 84 Lane	Miami, Fl. 33173	271-9995
Ruth Dobbs	8000 S.W. 108 St.	Miami, Fl. 33156	271-2941
Seymour Friedman	9401 S.W. 102 Crt.	Miami, Fl. 33176	271-2941
Helen Garafola	14180 S.W. 84 Street Apt. G-209	Miami, Fl. 33183	388-6378
Mike Kronitz	10854 S.W. 88 Street	Miami, Fl. 33176	595-5502
Jeanne Sands	6841 S.W. 147 Ave. Apt. 3-E	Miami, Fl. 33193	382-0156
Herb Schurowitz	6861 S.W. 147 Ave. Apt. 2-G	Miami, Fl. 33193	386-6467