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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27116 (5) Jan. 14, 1997

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



Principal Place of Business 8505 MILLS DR. R-4 TOWN & COUNTRY CENTER MIAMI FL 33183 US	Mailing Address 8505 MILLS DR. R4 TOWN AND COUNTRY CENTER MIAMI FL 33183-4845 US
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3. Date Incorporated or Qualified 06/23/1988	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 8505 Mills Dr. R-4 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Town & Country Center City & State	27 City & State
23 Miami, Florida Zip	28 City & State
24 33183 Country 25 US	29 Zip
	30 Country

4. FEI Number 65-1028335	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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)

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SEGURA, FRANCES M	
STREET ADDRESS	11060 S.W. 57 ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAYS, ALICE K	
STREET ADDRESS	10761 S.W. 117 ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TANENZAPF, HAROLD	
STREET ADDRESS	6901 S.W. 147 AVE. #6-3A	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOBBS, RUTH	
STREET ADDRESS	8000 S.W. 108 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, SEYMOUR	
STREET ADDRESS	9401 S.W. 102 CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDS, JEANNE	
STREET ADDRESS	6841 S.W. 147 AVE #3-E	
CITY-ST-ZIP	MIAMI FL 33193	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAYS, ALICE K.	
1.3 STREET ADDRESS	10761 S.W. 117th St.	
1.4 CITY-ST-ZIP	Miami, Fl. 33176 3925	
2.1 TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GOODSON, VIRGINIA	
2.3 STREET ADDRESS	10900 S.W. 68 Ave. Rd.	
2.4 CITY-ST-ZIP	Miami, Fl. 33156	
3.1 TITLE	TANENZAPF, HAROLD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TANENZAPF, HAROLD	
3.3 STREET ADDRESS	6901 S.W. 147 Ave. #6-3A	
3.4 CITY-ST-ZIP	Miami, Fl. 33193	
4.1 TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GARBIN, ANNETTE	
4.3 STREET ADDRESS	8810 S.W. 123rd Court	
4.4 CITY-ST-ZIP	Miami, Fl. 33186	
5.1 TITLE	CORRES. SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BURSTEIN, ELEANOR	
5.3 STREET ADDRESS	1401 S.W. 85th Court	
5.4 CITY-ST-ZIP	Miami, Fl. 33144	
6.1 TITLE	PLEASE SEE ATTACHED SHEET	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FOR ALL BOARD MEMBERS	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Alice K. Hays* **REQUIRED** Date: **1-13-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (9/96)

SENIOR **L.I.F.T.** CENTER, INC.
* LIVING - INVOLVEMENT - FULFILLMENT - TOGETHERNESS



A NON-PROFIT CORPORATION

January 14, 1997

CONTINUATION
CORPORATION ANNUAL
REPORT 1996

BOARD MEMBERS

MARILYN COSENTINO	9052 S.W. 215 Terrace	Miami	33189	235-8995
RUTH DOBBS	8000 S.W. 108th St.	"	33156	271-5873
SEYMOUR FRIEDMAN	9401 S.W. 102 Court	"	33176	271-2941
MIKE KRONITZ	10854 N. Kendall Dr. #114	"	33176	595-5502
JEANNE SANDS	6841 S.W. 147 Ave. E-3	"	33193	382-0156
BEN SIEGEL	6801 S.W. 147 Ave. F-3	"	33193	382-2113
PAUL SEGURA	11060 S.W. 57 St.	"	33173	271-2595
HERB SCHUROWITZ	6861 S.W. 147 Ave. G-2	"	33193	386-6467
JOYCE WOOLRIDGE	6830 S.W. 114 Ave.	"	33173	271-0379