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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27116

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., R-4 TOWN & COUNTRY CENTER MIAMI FL 33183 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/23/1988
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-1028335
22 City & State	27 City & State	Applied For Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAYS, ALICE K	
STREET ADDRESS	10761 SW 117TH ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOBBS, RUTH	
STREET ADDRESS	8000 SW 108 ST	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TANENZAPF, HAROLD	
STREET ADDRESS	6901 S.W. 147 AVE. #63A	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONSENTINO, MARILYN	
STREET ADDRESS	9052 S.W. 215 TERR.	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, SEYMOUR	
STREET ADDRESS	9401 S.W. 102 COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINGSLEY, JOAN	
STREET ADDRESS	2820 S.W. 120 ROAD	
CITY-ST-ZIP	MIAMI FL 33175	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dobbs, Ruth	
1.3 STREET ADDRESS	8000 SW 108 St.	
1.4 CITY-ST-ZIP	Miami, Fl 33156	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sands, Jeanne	
2.3 STREET ADDRESS	6841 SW 147 Ave.	
2.4 CITY-ST-ZIP	Miami, Fl 33193	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tanenzapf, Harold	
3.3 STREET ADDRESS	6901 S.W. 147 Ave. #63A	
3.4 CITY-ST-ZIP	Miami, Fl 33193	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Segura, Paul	
4.3 STREET ADDRESS	11060 SW 57 St.	
4.4 CITY-ST-ZIP	Miami, Fl 33173	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Friedman, Seymour	
5.3 STREET ADDRESS	9401 SW 102 Court	
5.4 CITY-ST-ZIP	Miami, Fl 33176	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kingsley, Joan	
6.3 STREET ADDRESS	2820 SW 120 Road	
6.4 CITY-ST-ZIP	Miami, Fl. 33175	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED RUTH DOBBS 1/20/99 305-598-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)