FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **469664** **(7)**

1. Corporation Name

SENIOR MARKETING SERVICES, INC.

Principal Place of Business	Mailing Address
4624 HOLLYWOOD BLVD STE 204 HOLLYWOOD FL 33021 US	4624 HOLLYWOOD BLVD STE 204 HOLLYWOOD FL 33021 US

2. Principal Place of Business	2a. Mailing Address
21 3300 NE 191ST STREET	26 3300 NE 191ST STREET
Suite, Apt. #, etc. 22 #1801	Suite, Apt. #, etc. 27 #1801
City & State 23 AVENTURA	City & State 28 AVENTURA
Zip 24 33180 Country 25	Zip 29 33180 Country 30

3. Date Incorporated or Qualified: **03/21/1975**

3a. Date of Last Report: **05/10/1995**

4. FEI Number: **59-2739354** ☐ 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

9. Name and Address of Current Registered Agent

HALL, IRVING M.
3300 NE 191ST STREET
APT. 1801
AVENTURA FL 33180

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required for initial and subsequent changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALL, IRVING		1.2 NAME	
STREET ADDRESS	3300 NE 191ST ST., APT. 1801		1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	QUINT, LEONARD		2.2 NAME	
STREET ADDRESS	1485 SW 151 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	900001768779
STREET ADDRESS			4.3 STREET ADDRESS	-04/04/96--01008--011
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 this 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.

SIGNATURE: I. M. Hall 3/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Date Filed: CS 4/3/96