07-21-1999 90010 014 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

in Block 12 or Block 13 if charged,

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 469664

SENIOR MARKETING SERVICES, INC.

#1891 AVENTURA FL: US		\$300 NE 1919T STREET #1881 AVENTURA FL 33180 US		DO NOT WRITE IN T 3. Date incorporated or Qualified 02/21/1075	HIS SPACE
		2a. Mailing Address	O FAYNS A	03/21/1975	Applied For
2. Principal P	Place of Business	2a. Mailing Address	·	FO 07000E4	- } ''
	AREE ISLANDS BLVD	26 JOO Three	ISLANDS	<u>841/109-2139304</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	LANDALL	City & State 28 / A LLAN	dALL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 330	09 Country BROWARD	29 3 3 0 0 9 3	Country BROWARD	This corporation owes the current year Intangible Personal Property.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
-3306	-1601 NTURA-FE-80160 APF	Three ISLAND 402 Ndale Fla 330	83	dress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or	t to the provisions of sections 607 0502	and 607.1508, Florida Statutes, f Florida, Such change was au	the above-named corp- thorized by the corpora	oration submits this statement for the purpose or tion's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE			E: Registered Agent signature re	auired when reinstating) DAT	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME			1.0		Criango recessor
	2000 ALT ADS OF ADS	THE ISLANCE 13	1.3 STREET AODRESS		
STREET ADDRESS	AVENTUDA CI	HAVANDAU	2 1.3 STREET ADDRESS		
CITY-ST-ZIP	AVEITION TL #40	MANTANDAU	1.4 CITY-ST-ZIP		
TITLE	1	DECETE	2.1 1111		Change Addition
NAME			2.2 NAME		
STREET ADDRESS]		2.3 STREET AODRESS		
CITY-ST-ZIP			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		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<u> </u>	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
	1		5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	A Programme Const.	L DELETE	6.1 TITLE		Change Addition
NAME	The first of the second		6.2 NAME		
STREET ADDRESS	1 .		6.3 STREET ADDRESS		

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 607, Florida Statutes; and that my name appears

pr on an attachment with an address.