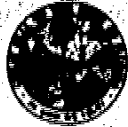


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:02**

DOCUMENT # 847715 (0)

1. Corporation Name
SENIOR CORP.

Principal Place of Business
**4480 VON KARMAN
NEWPORT BCH CA 92660**

Mailing Address
**C/O TAX DEPT
P O BOX 7520
NEWPORT BCH CA 92660-7520
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/16/1980	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For Not Applicable
22		27		59-2041718	
City & State		City & State		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
Zip		Zip		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBCE	1.1 TITLE	☐ Change ☐ Addition
NAME	LYON, WILLIAM	1.2 NAME	
STREET ADDRESS	4480 VON KARMAN	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	JUNDT, DWIGHT W.	2.2 NAME	LARRY KLEINSCHMIDT
STREET ADDRESS	4480 VON KARMAN	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BCH CA	2.4 CITY - ST - ZIP	
TITLE	SVD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, RICHARD E.	3.2 NAME	
STREET ADDRESS	4480 VON KARMAN	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BCH, CA. 0	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, RICHARD S.	4.2 NAME	
STREET ADDRESS	4480 VON KARMAN	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BCH CA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY KLEINSCHMIDT

2/16/95 114-933-3600