

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:17

DOCUMENT # F94000000991 (9)

1. Corporation Name

SENIOR LIFE PAYROLL CORP.

Principal Place of Business

**C/O LEISURE CENTERS
2650 MILITARY TRAIL
BOCA RATON FL 33431**

Mailing Address

**C/O LEISURE CENTERS
2650 MILITARY TRAIL
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered

02/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., etc.

Suite, Apt., etc.

4. FEI Number

APPLIED FOR 22-329/017

Approved For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election to participate in Corporate
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.03,
Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LUCIANI, JOHN III
2650 N. MILITARY TRAIL - SUITE 350
BOCA RATON FL 33431**

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 607.0503 and 607.1504, Florida Statutes, the above named corporation hereby submits the 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

2/20/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
LUCIANI, JOHN
ONE EXECUTIVE DRIVE
FORT LEE NJ 07024**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VSTD
RODIN, BERNARD M
ONE EXECUTIVE DRIVE
FORT LEE NJ 07024**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status in Section 199.03, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect. I, 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 95, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or any other filing with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**201
947-7322**