

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L59047**

(5)

1. Corporation Name

SENIOR INSURANCE RESOURCES, INC.



Principal Place of Business

1325 NO. ATLANTIC AVE
STE-50
COCOA BCH FL 32931
US

Mailing Address

C/O JOHN J. ALEXANDER
PO BOX 320310
COCOA BCH FL 32932
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **STE 20**
City & State

23

24 Zip

Country

25

26

27

28

29

30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Zip

9. Name and Address of Current Registered Agent

ALEXANDER, JOHN J.
1325 N ATLANTIC AVE
STE-50
COCOA BCH FL 32931

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 or typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

DP

DELETE

1.1 TITLE

Change Addition

NAME

ALEXANDER, JOHN J.

1.2 NAME

STREET ADDRESS

1527 S ATLANTIC AVE #401

1.3 STREET ADDRESS

CITY ST-ZIP

COCOA BCH FL

1.4 CITY-ST-ZIP

TITLE

DVP

DELETE

2.1 TITLE

Change Addition

NAME

ALEXANDER, ROCHELLE A.

2.2 NAME

STREET ADDRESS

1527 S ATLANTIC AVE #401

2.3 STREET ADDRESS

CITY ST-ZIP

COCOA BCH FL

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY ST-ZIP

TITLE

NAME

STREET ADDRESS