

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L63666 (6)  
1. Corporation Name  
SENIOR CARE CONSULTANT'S INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2110 NE 39TH ST. SUITE 9 FT. LAUDERDALE FL 33308-5659 US		Mailing Address 2110 NE 39TH ST. SUITE 9 FT. LAUDERDALE FL 33308-5659 US	
2. Principal Place of Business 21 4600 SW 43rd Ave Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33314 Country 25 Broward		2a. Mailing Address 26 4600 SW 43rd Ave Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip 29 33314 Country 30 Broward	
3. Date Incorporated or Qualified 04/09/1990		4. FEI Number 65-0182837	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LEWIS, SARA G. 2110 NE 39TH ST. SUITE 9 FT. LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name Lewis, SARA G. 82 Street Address (P.O. Box Number is Not Acceptable) 4600 SW 43rd Ave. 83 84 City Ft. Lauderdale FL 85 Zip Code 33314	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, SARA G. 2110 NE 39TH ST. FT. LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Lewis, SARA G 4600 SW 43rd Ave Ft. Lauderdale, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)