

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

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**Apr 16 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 # L76903 (8) *n/c 1-4-98*

1. Corporation Name
SENIOR HOUSING SOLUTIONS, INC

Principal Place of Business: 4237 RIGEL'S COVE WAY, JENSEN BEACH FL 34957, US

Mailing Address: 4237 RIGEL'S COVE WAY, JENSEN BEACH FL 34957, US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/31/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0195560 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | 25 | 29 | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 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 | | | | 10. Name and Address of New Registered Agent | |
| LUNDSTROM, DAN 4237 N.E. RIGEL'S COVE WAY JENSEN BEACH FL 34957 | | | | B1 | Name |
| | | | | B2 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | B3 | |
| | | | | B4 | City |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUNDSTROM, DANIEL J. | 1.2 NAME | |
| STREET ADDRESS | 1596 SO. FEDERAL HWY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUNDSTROM, KATHRYN ADAMS | 2.2 NAME | |
| STREET ADDRESS | 1596 SO. FEDERAL HWY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUNDSTROM, CHRISTOPHER | 3.2 NAME | |
| STREET ADDRESS | 4237 NE RIGEL'S COVE WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JENSEN BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Paul Lundstrom

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***150.00

46/98 Ser-219-9100

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