


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

FILED
Jan 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 # M13310 (1)					
1. Corporation Name SENIOR'S PALACE, INC.					
Principal Place of Business 1090 NW 128 CT MIAMI FL 33182-1848			Mailing Address 1090 NW 128 CT MIAMI FL 33182-1848		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1760 E 1 Ave		26 1760 E 1 Ave		03/28/1985	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2522700	
23 Mialeah FL		28 Mialeah FL		Applied For <input checked="" type="checkbox"/> Not Applicable	
24 33010		29 33010		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 Dade		30 Dade		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 MARRERO, MARLENE 1090 NW 128 CT MIAMI FL 33182			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable) 1760 E 1 Ave		
			83		
			84 City Mialeah, FL FL 85 Zip Code 33010		

I, the undersigned, being a director or officer of the corporation, do hereby certify that the above-named corporation submits this statement for the purpose of changing its 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	PD	1.1 TITLE	Same
NAME	MARRERO, MARLENE	1.2 NAME	Same
STREET ADDRESS	1090 NW 128 CT	1.3 STREET ADDRESS	1760 E 1 Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Mialeah, FL 33010
TITLE	SD	2.1 TITLE	Same
NAME	MARRERO, MARLENE	2.2 NAME	Same
STREET ADDRESS	1090 NW 128 CT	2.3 STREET ADDRESS	1760 E 1 Ave
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Mialeah FL 33010
TITLE	TD	3.1 TITLE	Same
NAME	MARRERO, MARLENE	3.2 NAME	Same
STREET ADDRESS	1090 NW 128 CT	3.3 STREET ADDRESS	1760 E 1 Ave
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Mialeah FL 33010
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  SIGNATURE REQUIRED

1/19/98 885 7733 (305)

CR2E034 (10/97)