

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N17038 (3)			
1. Corporation Name SENIORS FIRST, INC.			
Principal Place of Business 5395 LB MCLEOD ORLANDO FL 32811		Mailing Address 5395 LB MCLEOD ORLANDO FL 32811	
2. Principal Place of Business Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date Incorporated or Qualified 09/29/1986 4. FEI Number 59-2759603 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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 CASORIA, EDWARD 2153 LEE ROAD WINTER PARK FL 32789		10. Name and Address of New Registered Agent 400002761844--2 02/02/99-01058-013 ****236. FL ****236.25	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE: <i>Edward Casoria</i> 12/30/98 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	CD PALMER DOUG 1201 S ORLANDO AVE, #400 WINTER PARK FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CD WALTER HAWKINS 400 S. Orange Orlando FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAWKINS, WALTER 400 S ORANGE AVE, CITY HALL, ONE CITY COMM ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD GAY, JOHN 200 PASADENA PL Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAY, JOHN 200 PASADENA PLACE, STRICTLY COMMERCIAL ORLANDO FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD KATHY BEATTIE 114 OAKleaf lane LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORISCA, FRITZ 4005 CAKE MARY BLVD, 1ST UNION BANK LAKE MARY FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD DORISCA Fritz 4005 LAKE Mary Blvd, 1st Union Bank LAKE Mary, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUER, MARGARET 908 ALMOND TREE CIRCLE ORLANDO FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD BARBARA Brennan Universal OUTDOOR PO BOX 617617 Orlando, FL 32861
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEGAN, ROSEMARY 135 CONRAD COURT WINTER PARK FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D LARRY BACON Orange County correctwin PO Box 4970 NA Orlando, FL 32802
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Walter Hawkins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12/30/98 407/292-0177 Date Daytime Phone #	

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