## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		RT	Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUN 1. Corporation	MENT #	N41070				
SENIORCARE NETWORK, INC.					I ANNI DE ANT ANT ANTA AND AND AND ANT AND	ilāti aiku žied ātāt aini 1881
Principal Place	of Business		Mailing Address			1811, <b>9,19</b> 11, 9,1811, 9,1811, 18 <del>1</del> 1
			P.O. BOX 6314 HOLLYWOOD FL 33081		3. Date Incorporated or Qualified	
HALLANDALE FL 33009 US			US		12/03/1990 4. FEI Number	Applied For
<b>0</b> 5					65-0238077	Not Applicable
2. Principal Pi	ace of Businer	68	26. Mailing Address 26. P.O. Box 85	5-24	5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. (	#, etc.		Suite, Apt. #, etc.	105	6. Election Campaign Financing	\$5.00 May Be
22			27 HALLANDALE		Trust Fund Contribution	Added to Fees
City & State City & State			City & State		7. Is this nonprofit corporation a homeowner	
Zip		Country	28 FLORIDA	Country A		No
24	2	n '	· · · · · · · · · · · · · · · · · · ·	<b>ऒ ऄ</b>	B. This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year intangible  X Yes  No
		nd Address of Current			10. Name and Address of New Registered	
81 Name						
TAVLIN, SANDRA 82 Street Addres					t Address (P.O. Box Number is Not Acceptable)	
1000 NE 14TH AVE #203						
HALLMONLE PE 03008						
84 City					F	L 85 Zip Code
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.						
agent. I ar	egistered ager m familiar with	nt, or both, in the State o , and accept the obliga	of Florida. Such change was au tions of, Section 617.0503, Flor	ithorized by the co ida Statutes.	orporation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE _						
12,	Signature, typed or	printed name of registered agen OFFICERS AND	<del></del>	Registered Agent signatu	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
HAME	STEVE TA	VLIN		1.2 NAME	[	
STREET ADDRESS	822 N. 31			1.3 STREET ADDRESS	s	
CITY-ST-ZIP	HOLLYWO	OD FL	T of the	1.4 CITY-ST-ZIP		1 000000
TITLE	SD LEES NA	PLIASI	DELETE	2.1 TITLE	1	Change Addition
NAME STREET ADDRESS	LEFF, NAT	VELAND ST		22 NAME 23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWO			2.4 CITY-ST-ZIP		
TITLE	D		DELETE	3.1 TITLE	<b>D</b>	Change Addition
NAME	TAYLIN, S			3.2 NAME	TAVLIN , SANDRA	
STREET ADDRESS		ITH AVE #203		3.3 STREET ADDRESS	HALLANDALE FL 33009	
CITY-ST-ZIP	HALLAND	ALE FL	DELETE	3.4. CITY-ST-ZIP	HALLANDACE FL 33009	Change Addition
TITLE NAME			L'3 refere	4.1 TITLE 4.2 NAME		Change C Audition
STREET ADDRESS				4.3 STREET ADDRESS	, İ	
CITY-ST-ZIP	,			4.4 City-St-ZiP		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		1
STREET ADORESS				5.3 STREET ADDRESS	s	ļ
CITY-ST-ZIP			TT Deceme	5.4 CITY-ST-ZIP		Change 4 4490
TITLE			DELETE	5.1 TITLE		Change Addition
NAME Street address				6.2 NAME 6.3 STREET ADDRESS		}
CITY-ST-ZIP				6.4 CITY-ST-ZIP	°	
9111 D1 2W				0.1 0111-31-21r	<del> </del>	

I hereby certify that the information supplied with this filling 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.

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Apr 06 1998 8:00am