

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

COUNTY - 1 AM 10-

DOCUMENT # N94000006036 (7)

1. Corporation Name

SENIOR TOUR WIVES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	% CORPORATION INFORMATION SERVICES INC. -1201 HAYS ST- -TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1994	N/A
4. FEI Number	Applied For
59-3299279	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
APPLIED FOR <input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25 SENIOR TOUR WIVES, INC.
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
	P.O. BOX 323
23 City & State	28 City & State
	PONTE VEDRA BCH, FL
24 Zip	29 Zip
	32004
Country	30 Country
	USA

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 of Registered Agent required when filing this application) (Signature of Registered Agent required when re-filing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, PATSY
STREET ADDRESS	1007 MURFREESBORO RD., #115 BOX 160
CITY ST ZIP	NASHVILLE TN 37217
TITLE	D
NAME	CHARLES, VERITY
STREET ADDRESS	42 WINDWARD ISLE
CITY ST ZIP	PALM BEACH GARDENS FL 33418
TITLE	D
NAME	COODY, LYNETTE
STREET ADDRESS	1555 OLDHAM LANE
CITY ST ZIP	ABILENE TX 79602
TITLE	D
NAME	COLBERT, MARCIA
STREET ADDRESS	222 SOUTH RAINBOW, #218
CITY ST ZIP	LAS VEGAS NV 89128
TITLE	D
NAME	MURPHY, GAIL
STREET ADDRESS	DELRAY DUNES GOLF CLUB
CITY ST ZIP	BOYNTON BEACH FL 33436
TITLE	D
NAME	PLAYER, VIVIANNE
STREET ADDRESS	3020 TIMPANA POINT
CITY ST ZIP	LONGWOOD FL 32779

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	1641 OVAL CR.	
44 CITY ST ZIP	LAS VEGAS, NV 89117	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Patsy L. Graham*
PATSY GRAHAM, PRESIDENT

April 16, 1995 (813) 947-4149

N94-6030

SENIOR TOUR WIVES, INC.

12. Officers and Directors (continued)

7.1	Title:	D
7.2	Name:	Hendrickson, Jessica
7.3	Address:	1316 West Chester Pike
7.4	City-St-Zip:	West Chester, PA 19382
8.1	Title:	D
8.2	Name:	Rodriguez, Iwalani
8.3	Address:	c/o Eddie Elias, 1720 Merriman Road
8.4	City-St-Zip:	Akron, OH 44313
9.1	Title:	D
9.2	Name:	Douglass, Joyce
9.3	Address:	6601 E. San Miguel
9.4	City-St-Zip:	Paradise Valley, AZ 85253