


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

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May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000016209 (5)</b>					
1. Corporation Name <b>SENIOR ADVANTAGES OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>4801 S. UNIVERSITY DRIVE 256 DAVIE FL 33328 US</b>			Mailing Address <b>4801 S. UNIVERSITY DRIVE 256 DAVIE FL 33328-3836 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>02/28/1995</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>04/18/1996</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>65-0558641</b>	
Zip <b>24</b>		Country <b>25</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>25</b>		Country <b>29</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>29</b>		Country <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>WECHTER, CLAUDIA 1181 SORRENTO DRIVE #444 FT. LAUDERDALE FL 33328</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>PT WECHTER, CLAUDIA</b>					
STREET ADDRESS <b>1181 SORRENTO DRIVE</b>					
CITY - ST - ZIP <b>FT. LAUDERDALE FL</b>					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME <b>VPS WECHTER, HAL M.</b>					
STREET ADDRESS <b>1181 SORRENTO DRIVE</b>					
CITY - ST - ZIP <b>FT. LAUDERDALE FL</b>					
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CR2E034 (9/96)

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP Hal Wechter

4/29/97

954 434-5115

Day/Time Phone #  
( 972) 85