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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012464 (9)

MONEY MANAGEMENT FOR SENIORS, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									e bemitede bis seine bires anber anter a	#111 #8 181 11818	14811 81919 8111		
2233 NW 30TH			2233 NW 30TH RD				,						
BOCA RATON FL 33431			BOC	BOCA RATON FL 33431				1	DO NOT WRITE IN THIS SPACE				
								<u></u>	3. Date Incorporated or Qualified	_			
									02/05/1996				
2. Principal Pl	lace of Busines	2a. M	2a. Mailing Address					4. FEI Number		Ar	plied For		
21		26	<u> </u>					65-0648909			ot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
22				27								equired	
City & State	Ð		City & State					6. Election Campaign Financing	П	\$5.00	May Be to Fees		
Zip Country				Zip Country					Trust Fund Contribution				
Zip 24	25			29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
24)		d Address of Curre						10. Name and Address of New Registered Agent					
KAL	HN, ROLF		 .		,	81	Name						
2233 NW 30TH RD							82 Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33431				5			Street Address (F.O. Dox Multiper is Not Acceptable)						
BOOK INTON 12 00401													
							City			FL	85 Z ip	Code	
		(6	-00 and 007	1500 Florido Statul	los tha n		nomod (0010010	stion cultimits this statement for the		changing it	te registered	
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 Signature, lyged or printed name of impostered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12. OFFICERS AND							, cognizione i		ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12	
TITLE	D			☐ DELETE	1.1 T	ITLE		Γ			Change	Addition	
NAME	KAHN, RO	LF			1.2 N	AMÉ							
STREET ADDRESS	AGGG BILL GOVER DD			1.3 STRE			ADDRESS						
CITY-ST-ZIP	BOCA RAT	ON FL 33431			1.4 C	ITY-S	T-ZIP	L					
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NAME					6.2 N								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP							iT-ZIP	1					
14. I hereby	certify that the i	nformation supplied	with this film	g does not qualify t	or the ex	emp	tion state	ed in Se	ction 119.07(3)(i), Florida Statutes	I further ce	rtify that the	information	

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.