Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90057 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089420

1. Corpor ation Name

UNITED	SENIOR CITIZI	ens capital	., INC.		:				
Principal Flace	e of Business		Mailing Address		-	I IONIANNO ARE ENFANCIALIS DURAN V	DIN BUNI FAID) (1814) 1814) 1814) 1	
22509 SEA BASS DR BOCA RATON FL 33428 US			22509 SEA BASS DR BOCA RATON FL 33428 US			DO NOT WRITE IN THIS SPACE			
03			00			Incorporated or Qualifed			
2. Principal P	lace of Business	√ <i>E</i>	2a. Mailing Address 26 949 SE 8 Th AVE		4. FEIN			<u> </u>	lied For Applicable
Suite, F.pt. #, etc.			Suite, Apt, #, etc.		5. Certif	ate of Status Desired		\$8.75 A	
City & Stat 23 DEER		ICH FL	City & State 28 DEERFIELD BEACH FL-		6. Electi Trust	on Campaign Financing Fund Contribution		\$5.00 \ Added to	
Zip 24 3344	25	untry USA	29 3-34// 3	Country	Perso	orporation owes the cur nal Property Tax.		Yes	MNo
	9. Name and Ad	ddress of Curren	Registered Agent	04 1/	10. Nam	and Address of New	Registered	l Agent	
GOLDEADR IEDDY A						GOLDFARA	3		
GOLDFARB, JERRY A 22509 SEA BASS DR					dress (P.O. Bo	Number is Not Accept	able)		
	AL GABLES FL 3	3428	83	4 St	AVE_				
0011	INC CINDLEO I E O	0 120		* &	UTE 1				
				84 City	RFIELD	BEACH	FI	L 85 Zip C	27/
11. Pursuant	to the provisions of egistered agent, or t	Sections 607.0502	and 607.1508, Florida Statutes Florida. Such change was aut ons of Section 607.0505, Florid	, the above-named of horized by the corpo	corporation subn riation's board of	nts this statement for the	e purpose o pt the applic	if changing its i pintment as rec	egistered istered
agent. I a	m familial with, and	a cept the obligat	ons of Section 607.0505, Florid	la Statutes.	, 2		11/20	-laa	
SIGNATURE	Arry	BOLDE	and title if applicable NOTE: R	egistered Agent signature re	urad when rejectetin	<u> </u>	TOATE	77/	— \
12.	Signature typed or printed		DIRECTORS	13.	··	IONS/CHANGES TO OF	FICERS 4	ND DIRECTOI	RS IN 12
TITLE	PSTD		☐ DELETE	1.1 TITLE				€hange	Addition
NAME	GOLDFARB, JER	RRY A		1.2 NAME	_	,	1.		[
STREET ADDRESS	22509 SEA BAS			1.3 STREET ADDRESS	249 SE	ELD BEACH	<i>:</i> /		. !
CITY-ST-ZIP	BOCA RATON F			1.4 CITY-ST-ZIP	DELRE	ELD BEACH	FL	33441	<u></u>
TITLE			☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME				2.2 NAME					{
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE			☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME				3.2 NAME					Ì
STREET ADDRESS				3 3 STREET ADDRESS					
CITY-ST-ZIP				3 4. CITY-ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE				Change	Addition
NAME				4, 2 NAME					[
STREET ADDRESS				4 3 STREET ADDRESS					
CITY-ST-ZIP				4 4 CITY-ST-ZIP					
TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME					

CITY-ST-ZIP 14. I hereb / 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 innual 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 recluired 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, with all other like empowered.

53 STREET ADDRESS

6,3 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition