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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90047 048 ***150.00

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DOCUMENT # **P96000092195**

1. Corporation Name
SENIOR SOLUTIONS, INCORPORATED

Principal Place of Business	Mailing Address
400 S ATLANTIC AVE STE 107 ORMOND BEACH FL 32176 US	102 OAK VIEW CIRCLE LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/07/1996

2. Principal Place of Business	2a. Mailing Address
21 1116 Pelican Bay Dr.	26 791 Sterling Chase Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Daytona Beach, FL	28 City & State: Port Orange, FL
24 Zip: 32119 25 Country: USA	29 Zip: 32124 30 Country: USA

4. FEI Number: 59-3415031 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERSON, STEPHANIE L 102 OAK VIEW CIRCLE LAKE MARY FL 32746	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 791 Sterling Chase Drive 83 84 City: Port Orange, FL 85 Zip Code: 32124

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPTS	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition (Address)
NAME	ROBERSON, STEPHANIE		1.2 NAME	
STREET ADDRESS	102 OAK VIEW CIR		1.3 STREET ADDRESS	791 Sterling Chase Drive
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP	Port Orange, FL 32124
TITLE	P	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition (Address)
NAME	ROBERSON, WILLIAM M		2.2 NAME	
STREET ADDRESS	102 OAK VIEW CIR		2.3 STREET ADDRESS	791 Sterling Chase Drive
CITY-ST-ZIP	LAKE MARY FL 32746		2.4 CITY-ST-ZIP	Port Orange, FL 32124
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
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	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby 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 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 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.

SIGNATURE: Stephanie Roberson 3/21/99 (904) 788-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #