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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000089179 (0)

1. Corporation Name
SOUTH FLORIDA SENIOR SERVICES, INC.

Principal Place of Business	Mailing Address
~~4611 SOUTH UNIVERSITY DRIVE SUITE 401~~ ~~DAVIE FL 33328~~	~~4611 SOUTH UNIVERSITY DRIVE SUITE 401~~ ~~DAVIE FL 33328~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1997

2. Principal Place of Business	2a. Mailing Address
21 9050 PINES BLVD	26 9050 PINES BLVD
Suite, Apt. #, etc. 22 450-8	Suite, Apt. #, etc. 27 450-8
City & State 23 PEMBROKE PINES, FL	City & State 28 PEMBROKE PINES, FL
Zip / Country 24 33024 / 25 U.S.A.	Zip / Country 29 33024 / 30 U.S.A.

4. FEI Number: 65-0791841 ☐ Applied For ☐ Not Applicable

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIAZ, CHRISTIAN ~~4611 SOUTH UNIVERSITY DRIVE SUITE 401~~ ~~DAVIE FL 33328~~ ADDRESS CHANGE ONLY	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable): 9050 PINES BLVD, SUITE 450-8 83 84 City: PEMBROKE PINES FL 85 Zip Code: 33024

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: X Christian Diaz — X 4/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DIAZ, CHRISTIAN	1.2 NAME	
STREET ADDRESS	4611 SOUTH UNIVERSITY DRIVE SUITE 401	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLECK, VICTOR	2.2 NAME	
STREET ADDRESS	4611 SOUTH UNIVERSITY DRIVE SUITE 401	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	2.4 CITY-ST-ZIP	
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 (10/97)

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.

SIGNATURE: X Christian Diaz — X 4/23/98 X(954)437-5353