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 Aug 26, 1999 8:00 am Secretary of State

08-26-1999 90004 036 ***150.00

DOCUMENT # P980000 12516

Country

8735 Midnight pass Road, #102B

9. Name and Address of Current Registered Agent

25 USA

Stuart Z. Lindenberg

Sarasota FL 34242

1. Corporation Name

Zip

24 34242

SENIORCISE, INC.	
Principal Place of Business	Mailing Address
8735 Midnight Pass Road Sarasota FL 34242	,#102B 402 Stanton Park Forest IL 60466
2. Principal Place of Business 8735 Midnight Pass Roa	2a. Mailing Address 2 ₂₆ 402 Stanton
Suite, Apt. #, etc. 22 102B	Suite, Apt. #, etc.
City & State	City & State 28 Park Forest II

Zip

29 60466

* ⁶ 609674 - 90004 - 36 ⁴

t IL	DO NOT WRITE IN THIS SPACE				
0466	Date Incorporated or Qualifed 2/9/98				
	4. FEI Number	Applied For			
	65-0898380	Not Applicable			
	5. Certifcate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees			
	6. Election Campaign Financing Trust Fund Contribution				
	This corporation owes the current year Int Personal Property Tax.	angible ☐ Yes X No			
	10. Name and Address of New Registered	Agent			
Name					
Street Addres	ss (P.O. Box Number is Not Acceptable)				
		at 7:- Cada			

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.

Country

81

82

83 City

30 USA

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE 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 A	ND DIRECTO	RS IN 12				
TITLE	☐ DELETE	1.1 TITLE	President	☐ Change	Addition				
NAME		1.2 NAME	Stuart Z. Lindenberg						
STREET ADDRESS	/	1.3 STREET ADDRESS	402 Stanton						
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Park Forest IL 60466						
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 -			- 				
STREET ADORESS	•	3.3 STREET ADDRESS	•						
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME		4.2 NAME			Í				
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		F7.01					
TITLE	DELETE	6.1 TITLE		Change	Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS			}				
CITY-ST-ZIP	wife, that the information cumplied with this filling does not qualify for th	6.4 CITY-ST-ZIP	La Castian 440 07/0V/) Elegido Ctobuton L.E. Abon co	wife that the in	formation				

14. I hereby certify that the information supplied with this filling 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 amaderess, with all other like empowered.

SIGNATURE:

NATIONAL STREET OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Lindonberg 8-19-99 708-747-5679

3R2E034 (11/98)

August 19, 1999

Annual Report Filings Division of Corporations P.O. Box 1500 Tallahassee FL 32302-1500 P98000012516 609674-90004-326

Re: SENIORCISE, INC. No. P 98000012516

To-Whom It May Concern:

Enclosed please find the Annual Report for the above-mentioned corporation and a check for the \$150.00 filing fee.

Prior to this corporation being organized, someone from your office told me to have documentation sent to my Florida address though I explained I would only be there on an interim basis. Your records should reflect that the Annual Report form never reached me and was returned to you.

In view of this, I am requesting a waiver of any late fees.

Your cooperation is appreciated.

Very tally yours,

Stuart Z. Lindenberg

402 Stanton

Park Forest IL 60466