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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S82116**

1. Corporation Name

SENIOR PLACEMENT SERVICES OF SO, FLORIDA, INC.

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90006 046 ***150.00

Principal Place	e of Business	Mailing Address						11611 61811 1881
8055 W. MCNA	B ROAD	8055 W. MCNAB ROAL)					
8055 W. MCNAB ROAD FT LAUDERDALE FL 33321 ## 954			3321	22 2450		DO NOT WOITE IN T	NO ODAGE	
	·	J 95	W. 10		<i>-</i>	DO NOT WRITE IN THE	115 SPACE	
		# 10	7			3. Date Incorporated or Qualifed		
						09/23/1991 4. FEI Number	1 7 45	plied For
2. Principal Place of Business 2a. Mailing Address 21 Suite Ant # etc.				- 01		65-0286112		t Applicable
21 // //	<u> </u>	Suite, Apt. #, etc.	<an< td=""><td>1-2</td><td>/</td><td>00-0200112</td><td>\$8.75</td><td></td></an<>	1-2	/	00-0200112	\$8.75	
Suite, Apt.	#, etc.	Suite, Apr. #, etc.	ا س			5. Certificate of Status Desired .	Fee Re	
City & Stat		City & State			-	6. Election Campaign Financing	\$5.00	
23 700	naral FL	28				Trust Fund Contribution	Added t	
7ip 23	Country	Zip	Cou	ıntry		8. This corporation owes the current year	Intangible	
_{જા} 33:	32 25	29	30	·		Personal Property Tax.	☐Yes	□No
2.4	9. Name and Address of Curre					10. Name and Address of New Register	ed Agent	
			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	81 N	Name			
	MANO, DEBORAH			82 S	Stroot Add	ss (P.O. Box Number is Not Acceptable)		
	2 WOODMONT AVE	·		02 3	oneer voore:	ss (F.O. Box Number is Not Acceptable)		ľ
TAM	IARAC FL 33321			83				
								20.00
	•			84 C	City	F	85 Zip (Jode
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such changê w	as authorize	d by the	amed corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE								{
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: Registerer	d Agent sig	gnature required t	when reinstating) DATE		
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CITY-\$T-ZIP 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 supplier exit 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 receive 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 en available ment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR